



The Crosby Arboretum



MISSISSIPPI STATE
UNIVERSITY
EXTENSION SERVICE

SUMMER NATURE CAMP

June 5, 6, 7, 8 2012
(Tuesday - Friday. 9:00 a.m. to 12:00 p.m.)

EMERGENCY NUMBERS & HEALTH HISTORY FORM

THIS FORM IS TO BE COMPLETE BY START OF FIRST DAY OF SUMMER CAMP

PLEASE PRINT CLEARLY

CHILD'S NAME: _____ Age: _____
Home Address _____ City/State _____ Zip _____
Home Phone _____

PARENT/GUARDIAN (# 1) NAME: _____
Home Address _____ City/State _____ Zip _____
Home Phone _____ Cell No. _____

PARENT/GUARDIAN (# 2) NAME: _____
Home Address _____ City/State _____ Zip _____
Home Phone _____ Cell No. _____

EMERGENCY INFORMATION

Provide two emergency contacts (including addresses) for relatives or friends who are authorized to act in your behalf in case of emergency if the child's parents/guardians cannot be reached.

1. Name _____ Home # _____
Complete Address _____
Business # _____ Cell # _____

2. Name _____ Home # _____
Complete Address _____
Business # _____ Cell # _____

HEALTH HISTORY

Pediatrician/Family Physician _____ Phone _____

Dentist/Orthodontist _____ Phone _____

Is the participant covered by family medical/hospital insurance? Yes No

If yes, indicate carrier or plan name _____ Phone _____

Group # or Insurance ID # _____

Name of policy holder _____ Relationship to Camper: _____

Which of the following has the participant had? (Check and give approximate dates.)

	Allergies	Diseases	Vaccinations
____ Ear Infection	____ Hay Fever	____ Chicken Pox	____ MMR
____ Convulsions	____ Insect Stings	____ Measles	____ DPT/DT
____ Diabetes	____ Poison Ivy	____ Mumps	____ OPV
____ Behavioral problems	____ Food: _____	____ German Measles	
____ Other: _____	____ Penicillin		

Operations or Serious Injuries (and dates) _____

Chronic or Recurring Illnesses _____

ARE THERE ANY OTHER HEALTH CONDITIONS THAT WE NEED TO BE AWARE OF?

If so, please describe: _____

AUTHORIZATION

This emergency information and health history are correct to the best of my knowledge, and the camper described herein has permission to engage in all camp activities, except as noted on reverse of form. I, as parent/guardian, authorize The Crosby Arboretum/Mississippi State University Extension Service Summer Nature Camp personnel or their designated chaperons to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary. The hospital and its medical staff have my authorization to provide any treatment, which a physician deems necessary for the well being of my child.

I, as parent/guardian will notify The Crosby Arboretum/Mississippi State University Extension Service Summer Nature Camp personnel within 24 Hours or the next business day after his/her child or any member of the immediate household has developed any reportable communicable disease as defined by the state board of health, except for life threatening diseases, which must be reported immediately. I understand that minor accidents or injuries will be treated at camp and that I will be notified of any such incidents and the treatment administered. I understand that specific medical information may be shared with limited camp staff as deemed necessary and will remain confidential.

Signature _____ **Date** _____

Parent or Legal Guardian

PHOTO RELEASE



I authorize The Crosby Arboretum/Mississippi State University Extension Service to use and reproduce photographs taken of my child and circulate same for publicity purposes of all kinds.

Signature of Parent/Guardian

Date

Mississippi State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or veteran status.