

Information/Medical Form

Child's Name:

Child's Date of Birth:

Home Address:

City:

State:

Zip Code:

Mailing Address (if different):

Please answer the following questions completely and accurately. If you have any questions, please call Rocky Mount Historic Site at 423.538.7396.

Person to call in case of emergency:

Number to call in an emergency:

Father's (or guardian's) Name:

Daytime Phone Number:

Mother's (or guardian's) Name:

Daytime Phone Number:

Name and number to call if parent or guardian cannot be reached:

List of people who can pick your child up:

Is there anything Rocky Mount staff should know about your child?

Medical Information

Allergies (Please list all, especially food allergies):

Special dietary instructions:

Health problems:

Medications:

1. Does your child take medications at home that we need to know about? (i.e. Medications that require limited exposure to sun)
2. Does your child need to take medications at camp? Please include instructions for taking the medication.

Physician's Name:

Office Phone Number:

My child may receive emergency medical care. (Circle one) **YES** **NO**

If, in a life threatening emergency, Rocky Mount staff is unable to reach me for verbal consent, I give my consent for any necessary emergency treatment, surgery, diagnostic procedure, or the administration of anesthesia, as may be deemed necessary by the treating physician. (Circle one) **YES** **NO**

My child may receive simple first aid (i.e. antiseptic wipes/sprays or band aids for minor injuries). (Circle one) **YES** **NO**

I give my permission for my child's picture to be used in newspaper articles, brochures, advertising or television programs that feature Rocky Mount Historic Site programs. (Circle one) **YES** **NO**

I certify that all of the information on this form is true and correct

Parent/Guardian signature:

Date signed: