


 Charlotte Nature Museum
SUMMER CAMPS
Emergency Medical Form

Please fill out this form with your child's medical information. Please complete a separate form for each child attending Charlotte Nature Museum Summer Camp.

Please circle the week(s) your Camper is attending:

- | | | |
|-------------------------------|-------------------------------|-------------------------------|
| May 29-June 1 | June 18-22 (Pre-k June 18-21) | July 16-20 (Pre-K July 16-19) |
| June 4-7 | June 25-29 (Pre-k June 25-28) | July 23-27 (Pre-k July 23-26) |
| June 11-15 (Pre-k June 11-14) | July 9-13 | July 30-Aug 3 |
| | | Aug 6-9 |

Emergency Contact Information

Camper's Name _____ Rising Grade _____

Parent/Guardian Names _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers (Daytime) _____ (Emergency) _____

email Address _____

Adults Approved for Pick-up _____

Medical Information

Check any that apply and elaborate. Please attach additional information if necessary:

- | | |
|-------------------------|----------------------|
| Food Allergies | Asthma |
| Environmental Allergies | Heart Trouble |
| Epilepsy | Seizures |
| ADD/ADHD | Dietary Restrictions |
| Diabetes | Other |

Comments

Does the Camper carry an Epi-Pen?

Yes

No

Does the Camper have any special needs (learning differences, behavioral concerns, phobias, etc.)?

Please attach additional information if necessary:

Image Release

I hereby grant permission to Discovery Place, Inc. and its employees, agents, and assignees, the right to photograph my child or use their image for purposes of advertising, publicity, trade, or otherwise, as still photographs, transparencies, motion pictures, television, web images, or other media or means of reproduction, transmission, or exhibition. I release Discovery Place, Inc. its employees, agents, associates, successors, and assignees from any and all claims for damages or compensation for any claims based on the use or sale of said materials. I hereby waive the right to inspect, approve, or edit said material.

Yes, I do.

No, I do not.

Liability Release

I believe the information provided above is a complete and accurate statement of the physical and behavioral factors which may affect my child's participation in this summer camp sponsored by Discovery Place, Inc.

I hereby grant permission for my child to take part in this Summer Camp sponsored by Discovery Place, Inc. I also agree, on behalf of myself or my child, not to make any claims of any kind against Discovery Place, Inc. or any of its employees or agents for any loss or injury that my child might sustain while engaged in the Summer Camp program. I authorize such physician or medical staff as Discovery Place, Inc. may designate to carry out any minor treatment and/or medical staff to provide any treatment deemed necessary for the wellbeing of my child.

Signature of Parent or Guardian

Date

The Camper will NOT be permitted to Camp until we have this completed form delivered to:

Charlotte Nature Museum
Attention: Vonna Brown
1658 Sterling Road
Charlotte, NC 28209