



### Hawk Creek Farm Camp Emergency Form

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Age (As of the first day of camp): \_\_\_\_\_ Child's Pronouns: \_\_\_\_\_

Are there any activities that your child should not or can not participate in for health reasons? Any allergies (include severity and treatment method)? \_\_\_\_\_

Please describe any special needs we should be aware of:

Please describe any dietary modifications / restrictions: \_\_\_\_\_

List all current medications: \_\_\_\_\_

Child's Pediatrician Name: \_\_\_\_\_ Pediatrician Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Medical Insurance Policy/Group #: \_\_\_\_\_

In case of extreme emergency we will go to the hospital with your child. Please list your hospital of choice (if the situation allows for a choice):

#### PERMISSIONS:

*This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.*

**EMERGENCY AUTHORIZATION:** *I hereby give permission to the medical personnel selected by the Camp Director to order X- rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above. This form may be photocopied for outside use.*

*I understand and acknowledge that by checking the box below, I am granting permission to engage in all prescribed Farm Camp activities (except as noted) and understand, acknowledge and grant permission for the medical emergency authorization described above.*

□ Name: \_\_\_\_\_

Signature: \_\_\_\_\_