

Boone Trail Community Center
Summer Day Camp

MEDICAL/PICK-UP FORM

Ages 5-12

CAMPER INFORMATION

FIRST NAME: _____ LAST NAME: _____

PHYSICAL ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS (if different): _____ CITY: _____ ZIP: _____

AGE OF CHILD: _____ DATE OF BIRTH: _____ GENDER: _____

Does your child have any health concerns we need to be made aware of? _____ Yes _____ No

If yes, please explain: _____

Does your child have any allergies (Food, Medications, Environmental, etc.) _____ Yes _____ No

If yes, please explain: _____

PARENT/GUARDIAN #1 INFORMATION

FIRST NAME: _____ LAST NAME: _____

Place of Employment: _____ EMAIL: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If we need to contact you during camp hours, which number should we call first? ☐ Home ☐ Work ☐ Cell

PARENT/GUARDIAN #2 INFORMATION

FIRST NAME: _____ LAST NAME: _____

Place of Employment: _____ EMAIL: _____

Home Phone: _____ Work Phone: _____ Cell Phone: ☐ ☐ ☐

If we need to contact you during camp hours, which number should we call first? Home Work Cell

EMERGENCY CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____

RELATION TO CHILD: _____ PHONE NUMBER: _____

MEDICAL DISCLAIMER

_____ There is no medical personnel on staff at the Boone Trail Community Center. However, all camp staff is CPR and First Aid certified. In the event of a minor injury (cut, scrape, bruise, etc.), our staff will apply ointment, band aids, or an ice pack. If a child complains of feeling ill, the parent/guardian or emergency contact (if parent/guardian cannot be reached) will be contacted and asked to pick up their child as soon as possible from camp. In the event of a severe injury or medical emergency, a staff member will call 911 immediately and the parent/guardian, or emergency contact, will be notified immediately.

CONSENT FOR PICKUP

List anyone, other than previously listed parent/guardian, that have permission to pick up your child at the Boone Trail Community Center. All individuals on this list will need proper identification in order to pick up your child/children.

NAME:

RELATIONSHIP:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

I, the undersigned hereby release and agree to hold harmless the County of Harnett, its employees, agents, and its administrators from any and all claims for damages, injury, or illness which may arise as a result of my child's participation in this program. I understand that there are risks when transportation is involved and hereby assume responsibility for all risks and hazards incidental to this program. I grant the County of Harnett permission to use for any legitimate reason, any photograph or video recording of my child participating in this activity. I give permission for my child to participate in all activities associated with the Boone Trail Community Center's (Harnett County Parks and Recreation) Summer Day Camp Program.

I have read, fully understand, and agree to all statements contained on this document.

Parent/Guardian Full Name (Print)

Parent/Guardian Signature

Date