

EMERGENCY MEDICAL CARE INFORMATION

Child's Name _____ Rising Grade _____
(Last) (First) (MI)

1st Emergency Contact _____ Emergency # _____

Additional Emergency Contacts if parents are not available.

1. Name _____ Phone # _____

2. Name _____ Phone # _____

Child's Physician _____ Phone # _____

Allergies _____ Reaction _____

Medical Conditions _____

Medications to be taken while at day camp _____

Insurance Company _____ Policy # _____

Hospital/Doctor may require this information in the event of an emergency

MEDICAL RELEASE

I hereby grant permission for the Day Camp Director or Representative to administer basic First Aid or obtain necessary medical attention in case of sickness or injury to my child. Permission is hereby granted to (please circle one) Carolinas Medical, Presbyterian, or Mercy hospital to provide necessary treatment for my child.

Parent's Signature _____ Date _____

MEDICATION AUTHORIZATION

Child's Name _____
(Last) (First) (MI)

Medication _____ Dosage _____

Time to Administer _____

Possible Side Effects _____

Special Instructions _____

ALL MEDICATIONS MUST BE CLEARLY MARKED WITH THE CHILD'S NAME IN ORIGINAL MEDICINE CONTAINER. A MEDICAL AUTHORIZATION FORM FROM YOUR CHILD'S PHYSICIAN WILL NEED TO BE SUBMITTED WITH ALL MEDICATIONS.

CHILDREN ARE NOT ALLOWED TO KEEP MEDICINES OF ANY KIND IN THEIR LUNCH BOXES, PURSES, BOOK BAGS, OR POCKETS.

ALL MEDICINES MUST BE LEFT WITH MRS. CROWDER OR YOUR CHILD'S CAMP COUNSELOR

PERSONAL INFORMATION

Did child attend NCA Summer Day Camp last summer? Yes No (please circle)

Does child have a sibling at NCA Summer Day Camp? Yes No (please circle)

If yes, Name _____ and grade _____ of sibling.

What school does child attend? NCA CMS Other _____
(please circle)

Church Affiliation _____

Would you like more information about Northside Baptist Church? Yes No (please circle)

How did you hear about Northside Summer Day Camp?

Charlotte Parent's Magazine Brochure/Flyer Friend Drive by Other (please circle)

FIELD TRIP PERMISSION RELEASE

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities while attending NCA Summer Day Camp. I hereby grant permission for my child to leave NCA campus under the supervision of a staff member for field trips in an authorized vehicle and will not hold Northside Baptist Church or any of its employees liable for any accident, incident, or injury that may occur.

Child's Name _____

Parent's Signature _____ **Date** _____