

2010 Emergency and Medical Information

Please return forms to 116 Hilton Ave., Durham, NC 27707. Camp is held in our after-school building at the address above, directly behind our main campus at 2400 University Dr.



Child's First Name Middle Name Last Name Date of Birth

Child's Home Address City/State/Zip Home phone

Parent 1: Name Parent 2: Name

Cell Phone Work Number Cell Phone Work Number

Employer Employer

EMERGENCY CONTACTS (in case parent(s) / guardian(s) cannot be reached):

Name Relationship Phone Numbers

Name Relationship Phone Numbers

Child's Doctor Practice Name Phone Number

Child's Dentist Practice Name Phone Number

Health Insurance Company POLICY NUMBERS

Dental Insurance Company POLICY NUMBERS

List any medical conditions of which the school should be aware of such as allergies, diabetes, asthma, dietary restrictions, etc. Please describe how an episode/emergency should be treated and provide summer camp staff with a kit (Epipen, inhaler, insulin, bee sting kit, etc), including signed & dated, clear & detailed instructions. These items will be returned if unused. Please also list reactions, rashes, special diet or food restrictions, or other minor concerns.

Does your child take any medications/supplements/vitamins/herbal remedies regularly? If so, please list name, dose, and frequency.

Topical Ointment Permission

I ___do ___ do not give permission to staff to use discretion in applying topical ointments to my child for minor first aid needs.

Dismissal Authorization

You may designate below those friends or relatives who have your permission to pick up your child from camp on a standing basis. We cannot release your child to anyone for whom we do not have your written authorization, so please keep this form up to date by informing the office of any changes during the year. When your child will go home with someone not on this list, or with a friend from camp, please give your child's teacher WRITTEN instructions that morning.

My child always has permission to ride with:

Name Phone Number

Name Phone Number

Name Phone Number

Name Phone Number

In the event I cannot be reached at the time of illness or accident to make arrangements for **emergency medical care**, I hereby authorize Montessori Children's House of Durham to get my child to the nearest doctor or hospital and to obtain the necessary medical assistance. I have provided necessary contact information, description of allergies, and medications taken by my child, and adults allowed to pick up my child from Little House.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian