



NC ZOO CAMP HEALTH FORM

This health form must be completed by the camper’s parent/guardian and sent to the NC Zoo with camp registration, or brought on the first day of the camp. Please provide adequate information for the health and safety of the camper.

Child’s Name (First name, middle initial, last name)	Date of Birth	Gender	Social Security Number
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Parent/Guardian	Address	City/State/Zip Code
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Home Phone Number	Work Phone Number	Cell Phone Number
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Emergency Contact Information

In an emergency, if the custodial parent(s)/guardian(s) cannot be reached, please contact one of the following:

Primary Contact’s Name	Relationship to Camper	Home Phone ()	Work Phone ()
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Primary Contact’s Name	Relationship to Camper	Home Phone ()	Work Phone ()
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Primary Contact’s Name	Relationship to Camper	Home Phone ()	Work Phone ()
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Authorization of Health Care must be completed for attendance.

This health history is correct and the person described has permission to participate in all camp activities as noted by me and/or the examining physician. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I give permission to the licensed health-care practioner selected by the North Carolina Zoo to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child. This form may be photocopied. The North Carolina Zoo has permission to obtain a copy of my child’s health record from the providers who treat my child. I understand that information about my child’s health will be shared on a “need to know” basis with other staff responsible for my child’s care.

Custodial Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____ Relationship: _____

Camper Health History Information

Allergies:

Check those which apply to this camper

- No known allergies
- This camper is allergic to this medication(s): _____
- This camper is allergic to insect stings (specify): _____
- This camper is allergic to these substances: _____
- This camper is allergic to these plants: _____
- This camper is allergic to the following foods: _____
- Describe the severity of the reaction, and how it is managed for each allergy:

Medication:

Please provide complete information. Bring enough medication to last the camping session. Prescription medication MUST be in pharmacy containers and appropriately labeled.

- This camper does not take any medication on a regular basis.
- This camper takes routine medication as follows (include vitamins)

Name of medication	Reason for taking	Dose Taken	Time(s) of day
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Name of medication	Reason for taking	Dose Taken	Time(s) of day
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Name of medication	Reason for taking	Dose Taken	Time(s) of day
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Physician Information

Name of camper's physician	Clinic name and city	Phone Number ()
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Name of camper's dentist/orthodontist	Clinic name and city	Phone Number ()
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Health Insurance

Parents/guardians are responsible for health care given by an out-of-service provider.

Name of person insuring camper	Relationship to camper	Social Security Number
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Insurance Company	Policy or Group Number Identification Number
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Address for Claims
