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## Health & Emergency Information

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**Knightdale Summer Day Camp      Circle One:    Adventure 5-7    Explorer 8-10    Quest 11-13**

**Please Complete and return to the Parks & Recreation Department prior to your child attending camp**

Child's Name: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please indicate (check if YES) if your child has or is subject to:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> asthma            | <input type="checkbox"/> diabetes        | <input type="checkbox"/> fainting spells  |
| <input type="checkbox"/> heart trouble     | <input type="checkbox"/> seizures        | <input type="checkbox"/> sinus trouble    |
| <input type="checkbox"/> ear infections    | <input type="checkbox"/> motion sickness | <input type="checkbox"/> plant allergies  |
| <input type="checkbox"/> bee sting allergy | <input type="checkbox"/> hyperactivity   | <input type="checkbox"/> peanut allergies |
| <input type="checkbox"/> other _____       |  |   |

Please provide background information on any box checked above: \_\_\_\_\_

\_\_\_\_\_

Does your child currently have a condition requiring medication? Please explain: \_\_\_\_\_

\_\_\_\_\_

Any restrictions of activity for medical reasons? Please list: \_\_\_\_\_

\_\_\_\_\_

Please provide any other information you feel would help our staff better serve your child's needs: \_\_\_\_\_

\_\_\_\_\_

Swimming ability (include lessons taken): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_