



## Health and Emergency Contact Information

The programs offered by the NC Museum of Natural Sciences include field trips to distant and local sites. In order to provide the best possible handling of incidents, we require the following information. This information is strictly confidential, and will be handled as such.

### PARTICIPANT INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PROGRAM TITLE(S):

### HEALTH INFORMATION

I. DOES THE PARTICIPANT:

A. HAVE AN ALLERGY TO BEE STINGS?

YES  NO

IF YES, WILL THE PARTICIPANT CARRY A KIT FOR COUNTERACTING THE STING?

YES  NO

B. HAVE DIABETES?

YES  NO

C. HAVE EPILEPSY?

YES  NO

D. HAVE AN ALLERGIC REACTION TO HORSE OR DUCK SERUM?

YES  NO

2. LIST ANY OTHER HEALTH INFORMATION OR ALLERGIES THAT WE SHOULD BE AWARE OF:

3. LIST ANY DIETARY RESTRICTIONS OR FOOD ALLEGIES THAT THE PARTICIPANT MAY HAVE:

4. NAME OF FAMILY PHYSICIAN:

PHONE:

5. NAME OF MEDICAL INSURER:

PHONE:

MEDICAL INSURER GROUP #:

MEDICAL ID #:

6. NAME OF EMPLOYER:

### EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY, PLEASE LIST TWO CONTACTS: (PLEASE PRINT)

NAME:

HOME PHONE:

RELATION:

NAME OF EMPLOYER:

EMPLOYER PHONE:

NAME:

HOME PHONE:

RELATION:

NAME OF EMPLOYER:

EMPLOYER PHONE:

Information listed above should be complete and should not prevent attendance, but it is important in case of a medical emergency. I certify that the information given above is complete and accurate to the best of my knowledge.

DATE:

(SIGNATURE)