Classes & Camps Health Form

Child’s name: ___________________________ Age: ________________________

Camp name: ____________________________

Known allergies (food, animal, bites/stings, etc.):
_____________________________________

Medications or medical conditions (Please list any that must be taken during the day or that might affect participation. Medication will not be given by GSC staff.):
_____________________________________

Behavioral/learning differences that we should know and recommended strategies:
_____________________________________

Please list name and phone number(s) for emergency contacts:
Name: __________________________________
Phone: ________________________________

Please list any additional adults that may be picking up your child:
_____________________________________

_____________________________________

I authorize the Greensboro Science Center to make necessary emergency medical care decisions which are felt to be in the best interest of my child should I be unavailable.

Parent/Guardian signature: ___________________________ Date: _____________

Country Park Permission: Many of our classes & camps take advantage of Country Park, which is adjacent to the Greensboro Science Center, for activities such as observing plants and animals. Your signature below allows your child to accompany an instructor to this area during a class, camp or supervised lunch.

Parent/Guardian signature: ___________________________ Date: _____________