

**MOBILE BOTANICAL GARDENS**  
**NatureBLAST!**  
**Health/Emergency Contact Form (Three Pages)**  
**(Complete a separate form for each participant)**

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Person who registered child \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If person named above is not available in the event of an emergency, notify:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_

Policy No. \_\_\_\_\_

Date of child's most recent physical examination: \_\_\_\_\_

List all medications taken regularly by the participant, but NOT at NatureBLAST!, including drug, dosage, route (oral, injection, etc.) and frequency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all medications **to be taken at NatureBLAST!**, including drug, dosage, route (oral, injection, etc.) and frequency:  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:** Please describe any special health considerations including, but not limited to, allergies, physical or behavioral conditions that may affect your child's participation in this NatureBLAST!. \_\_\_\_\_  
\_\_\_\_\_

((attach extra sheets if necessary).)

1. Allergies:  Yes  No If yes, please provide information:

Allergy: \_\_\_\_\_ Treatment: \_\_\_\_\_

Allergy: \_\_\_\_\_ Treatment: \_\_\_\_\_

2. My child may have sunscreen applied during the day:  Yes  No

3. My child may partake of the peanut free NatureBLAST! snack with no restriction.  
 Yes  No **If no, please contact the NatureBLAST! Director at: 251-401-0811**

4. Medical concern (past health problems, etc):

5. Limitations on activities:

6. Behaviors of which staff should be aware:

How do you handle this behavior?:

7. List equipment needed such as wheelchair, braces, glasses, contact lenses, etc:

**NatureBLAST!**  
**Medical History and Emergency Authorizations**

I give permission for \_\_\_\_\_  
to participate fully in NatureBLAST!, subject to limitations noted herein.

**In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.**

**Date** \_\_\_\_\_

**Signature of parent/guardian or adult** \_\_\_\_\_

**Date updated** \_\_\_\_\_

**Signature of parent/guardian or adult** \_\_\_\_\_

**Date updated** \_\_\_\_\_

**Signature of parent/guardian or adult** \_\_\_\_\_

**The Mobile Botanical Gardens**

**reserves the right to transport to the nearest hospital in case of an emergency, however every effort will be made to transport to your preferred hospital.**

**Hospital Name:** \_\_\_\_\_

**Signature of Responsible Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_