

MOBILE BOTANICAL GARDENS
STEAM AT THE GARDENS

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 **STEAM AT THE GARDENS**, including drug, dosage, route (oral, injection, etc.) and frequency: _____

List all medications **to be taken at STEAM AT THE GARDENS**, 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 **STEAM**

**AT THE
GARDENS.**

((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 **STEAM AT THE GARDENS** snack with no restriction.

Yes No **If no, please contact the STEAM AT THE GARDENS 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:

STEAM AT THE GARDENS

Medical History and Emergency Authorizations

I give permission for _____
to participate fully in **STEAM AT THE GARDENS**, 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: _____