



Young Naturalists Club Health and Information Form

The Young Naturalists Club of Wake Audubon may involve outings to local and distant sites. In order to provide the best possible handling of incidents, we need the following information. This information will be kept strictly confidential.

Name _____ Home Phone _____

Address _____

Age _____ Date of Birth _____ School _____ Grade _____

- | | | | |
|----|--|-------|-------|
| 1. | Does the participant | YES | NO |
| | a. have an allergy to bee stings? | _____ | _____ |
| | If yes, will the participant carry a sting kit? | _____ | _____ |
| | b. have diabetes? | _____ | _____ |
| | c. have epilepsy? | _____ | _____ |
| | d. have an allergic reaction to horse
or duck serum or other allergens? | _____ | _____ |
| | Please indicate which _____ | _____ | _____ |
| | e. have any other disabilities or allergies? | _____ | _____ |
| | If yes, please describe. _____ | _____ | _____ |

2. Family Physician _____ Phone _____

3. Name of Medical Insurer _____ Phone _____

Medical Insurer ID Number _____ Medical ID Number _____

Name of Employer _____

4. In case of emergency please list info for parents/guardians and one additional contact in case a parent/guardian can not be reached: (please print)

_____	/	_____	/	_____
Name (Parent or Guardian)		Home Phone		Work Phone

_____	/	_____
Name of Employer		Cell Phone (if available)

_____	/	_____	/	_____
Name (Parent or Guardian)		Home Phone		Work Phone

_____	/	_____
Name of Employer		Cell Phone (if available)

_____	/	_____	/	_____
Name (other contact person in case of emergency)		Home Phone		Work Phone

_____	/	_____
Name of Employer		Relationship to JC

5. Is there any other health information that we should be aware of? _____

6. Does the participant have any dietary restrictions or food allergies? _____

I give permission for my child to attend outings with the Young Naturalist Club. If I cannot be reached in the case of an emergency, I give permission for my child to be treated by a physician or emergency personnel. I certify that the information given above is complete and accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date