



EMERGENCY CONTACT & HEALTH HISTORY FORM

Attendees Name _____
Home Address _____ City _____ State _____ Zip _____
Birth date _____ Age _____

****If under 18 years of age****

Parent/Guardian Printed Name _____
Phone (home) _____ Cell Phone _____ (work) _____

Emergency Contact (if parent/guardian cannot be reached)

Name _____ Relationship _____
Phone (home) _____ Cell Phone _____ (work) _____

Health Insurance Company: _____
Insurance Certificate Number _____
Policy Holder _____ Relationship to Attendee _____

HEALTH HISTORY:

Please check if you have experienced the following:

Ear Infections _____ Fainting _____ Hepatitis _____
Frequent Headaches _____ Seizures _____ Tuberculosis _____
Kidney Disorder _____ Heart Disorder _____ Surgery _____
Chickenpox _____ Diabetes _____ Sleep Walking _____
Other _____

*Asthma _____ * If you checked asthma, does child use a nebulizer? _____

Allergic To (Please list symptoms of allergic reaction)

Insect stings _____ reaction _____
Foods _____ reaction _____
Drugs _____ reaction _____
Plants _____ reaction _____
Other _____ reaction _____

Do you observe dietary restrictions for reasons other than allergies? _____

IMPORTANT – MUST BE COMPLETED FOR ATTENDANCE

This health history is accurate to the best of my knowledge and the attendee, and/or child, herein described has my, or if under 18 parental/guardian, permission to engage in all Farm/Foundation activities. In the event of a serious accident or illness, I hereby authorize the Farms for City Kids staff to seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary. I understand every effort will be made to contact family/guardians first.

Signature of Attendee _____ Date _____

****Signature or Parent or Guardian in under 18 years of age.** _____