



UNIVERSITY OF NORTH CAROLINA WILMINGTON

PARTICIPANT INFORMATION AND MEDICAL RELEASE SHORT FORM

Program registering for _____ Date of Camp _____

Name of Participant _____

Male Female

Date of Birth ____ / ____ / ____

Parent/Guardian Name *(if applicable)* _____

Home Address _____

City _____ State _____ Zip _____

Day Phone (____) _____ Cell Phone (____) _____ Evening Phone (____) _____

Parent/Guardian Email *(print clearly)* _____

Alternate Emergency Contacts:

Primary *(Name)* _____ Day Phone (____) _____

Relationship _____ Cell Phone (____) _____

Secondary *(Name)* _____ Day Phone (____) _____

Relationship _____ Cell Phone (____) _____

If the student must leave the program for any reason and you cannot be reached, there must be another adult available who will take responsibility for removing the student from the campus.

Name(s) of adult(s) other than parent/guardian authorized to act on your behalf in this situation:

Name _____ Day Phone (____) _____

Cell Phone (____) _____

Name _____ Day Phone (____) _____

Cell Phone (____) _____

Physician or clinic you usually consult for medical care:

Name _____ Phone # (____) _____

Medical Information:

Current medical/psychological/behavioral problems being treated _____

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use?

Yes No

Please note that if your child refuses to take their prescribed medications as directed, they may be sent home.

If your child is dealing with any type of learning disability or on a behavioral management plan that you think we should be aware of, please consider sharing this information with us so their camp experience will be successful.

I agree to notify the camp director by the registration deadline of any change that may occur in his/her physical or mental health prior to arrival at the Program or in the course of his/her attendance there.

Do you have health insurance? Yes No

(At the sole discretion of the Program, proof of insurance may be required before participation in the UNCW Youth Programs program.)

Insurance Company's Name _____

Medical/Hospitalization Insurance Policy # _____

Phone Number of Office Holding Policy (_____) _____

- **I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.**
- **I AUTHORIZE THE ABOVE LISTED ADULT(S) TO TAKE CHARGE OF THE STUDENT IF HE OR SHE MUST LEAVE THE PROGRAM AND I CANNOT BE REACHED.**

CAMPER/STUDENT'S SIGNATURE DATE

CUSTODIAL PARENT'S OR GUARDIAN'S SIGNATURE *(Signature of one parent binds both parents)* DATE

PRINTED NAME OF PARENT

PRINTED NAME OF CHILD

Name of camp you child is attending