



This form must be completed and returned in order to participate in ALA Tar Heel Girls State

Student's Name _____

Dates of Camp: June 9-15, 2024

Parent's Name _____

Date of Birth _____

Address _____

Father's Phone – Work _____

Home # _____

Mother's Phone – Work _____

Home # _____

Alternate Name, Phone # in Case of Emergency _____

Insurance Coverage Company _____

Group _____

Policy Number _____

Policy Holder _____

Phone # of Insurance Company _____

If there is a known history, please check the box:

- Allergy to bee stings
Asthma
Epilepsy/Seizures
Dizziness/Fainting
Diabetes/Hypoglycemia
High Blood Pressure

Please list any allergies or other health problems:

Blank lines for listing allergies or other health problems.

May we administer any of the following medications and dosages if needed? (circle all that apply to your child):

- Pseudoephedrine
Tylenol
Advil/Ibuprofen
Benadryl 25 mg
Maalox/Antacid
Pepto Bismol

My child is on the following prescription or over the counter medication (list medication and dosage):

Blank line for listing prescription or over the counter medication.

NOTE: Only medications listed on this form may be taken by the minor while at camp unless prescribed by the University Health Services.

My child is physically able to take part in all camp activities: No Yes

We strongly recommend a tetanus shot within the last ten (10 years). Date of last DPT/DT or tetanus booster:

I hereby give permission for my child to be treated at the University Health Services for minor illness or injury. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, treat, and provide anesthesia or surgery for my child.

PARENT/LEGAL GUARDIAN'S SIGNATURE: _____

DATE: _____