



981 Hill Rd Lincolnton NC 28092

Emergency and Medical Form

Camper's name: _____ Age/Rising Grade: _____

DOB: _____

Parent/ Guardian name _____

Address: _____

City/State/Zip Code: _____

Email Address: _____

Phone Number #1: _____ Phone Number #2: _____

Other Adults approved for pick up: _____

Medical Information:

Please check any conditions that apply and elaborate. Attach a separate sheet if needed:

- Food Allergies:
- Environmental Allergies:
- Epilepsy
- ADD/ADHD
- Diabetes
- Asthma
- Heart Trouble
- Dietary Restrictions:
- Other

Will your camper require any medication(s) to be kept on site at b&b farm Lincolnton LLC? (Epi-pen, prescriptions, and/or OTC medication)

Name(s) of medication if applicable _____:

If minor/child requires medication to be given for emergency use and/or for any other reason (prescription medication/OTC medication from home) I give consent for b&b farm Lincolnton LLC to give medication as prescribed by physician or parent. I give consent for b&b farm Lincolnton NC to administer bug repellent, sunscreen, triple antibiotic cream (scraps/ cuts) and hydrocortisone cream (insect bite) if needed:

Parent Guardian Name: _____ Signature _____:

