

Community Center  
Afterschool Program 2025-2026

**MEDICAL/PICK-UP FORM**

**Grades K-5**

**CAMPER INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE OF CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

Does your child have any health concerns we need to be made aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please elaborate: \_\_\_\_\_

Does your child have any allergies (Food, Medications, Environmental, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please elaborate: \_\_\_\_\_

Does your child have any mental health concerns we should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please elaborate \_\_\_\_\_

**PARENT/GUARDIAN #1 INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If we need to contact you during camp hours, which number should we call first? ☐ Home ☐ Work ☐ Cell

**PARENT/GUARDIAN #2 INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If we need to contact you during camp hours, which number should we call first? Home Work Cell

**EMERGENCY CONTACT INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

RELATION TO CHILD: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**MEDICAL DISCLAIMER**

\_\_\_\_\_ There is no medical personnel on staff at the Community Center. However, all camp staff is CPR and First Aid certified. In the event of a minor injury (cut, scrape, bruise, etc.), our staff will apply ointment, band aids, or an ice pack. If a child complains of feeling ill, the parent/guardian or emergency contact (if parent/guardian cannot be reached) will be contacted and asked to pick up their child as soon as possible from camp. In the event of a severe injury or medical emergency, a staff member will call 911 immediately and the parent/guardian, or emergency contact, will be notified immediately.

**CONSENT FOR PICKUP**

List anyone, other than previously listed parent/guardian, that have permission to pick up your child at the Boone Trail Community Center. All individuals on this list will need proper identification in order to pick up your child/children.

**NAME:**

**RELATIONSHIP:**

1. \_\_\_\_\_

Phone Number \_\_\_\_\_

2. \_\_\_\_\_

Phone Number \_\_\_\_\_

3. \_\_\_\_\_

Phone Number \_\_\_\_\_

I, the undersigned hereby release and agree to hold harmless the County of Harnett, its employees, agents, and its administrators from any and all claims for damages, injury, or illness which may arise as a result of my child's participation in this program. I understand that there are risks when transportation is involved and hereby assume responsibility for all risks and hazards incidental to this program. I grant the County of Harnett permission to use for any legitimate reason, any photograph or video recording of my child participating in this activity. I give permission for my child to participate in all activities associated with the Boone Trail or Benhaven Community Center's (Harnett County Parks and Recreation) Afterschool Program.

I have read, fully understand, and agree to all statements contained on this document.

\_\_\_\_\_  
Parent/Guardian Full Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date