



# EL MUSEO LATINO THE LATINO MUSEUM

4701 SOUTH 25TH STREET • OMAHA, NE 68107  
www.elmuseolatino.org • (402) 731-1137

## Camp Registration Medical Form

Camper

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_

Parent/ Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Persons Authorized to pick up your child:

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

For everyone's safety, if person picking up your child is not on this list, you must call the museum prior to their arrival. Please ask him/her to have a photo I.D. ready upon arrival.

Is your child allergic to any medication/ or foods? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list \_\_\_\_\_

Does your child need to take any medication while at camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list \_\_\_\_\_

Special instructions to medication, i.e. time \_\_\_\_\_

Does your child require any special accommodations? If yes, please describe \_\_\_\_\_