

1. Contact Information

Name of student: _____ Grade this fall: _____

Parent / Guardian: _____

Address: _____

Email Address _____

Telephone Numbers: Home (_____) _____

Cell (_____) _____

Work (_____) _____

Please explain why student would like to attend camp?

2016/2017 Grade Point Average and School attended current school year?

2. Emergency Contact Information

In the event you cannot be contacted, or you will be away from home for the specified time period, please provide the following information:

Name _____

Relation (if any) _____ Phone (_____) _____

3. Medical Insurance Information

The student is covered by medical insurance. Yes _____

Insurance Company Name _____

Group Number _____

Policy Number _____

_____The student is not covered by medical insurance. I will assume any responsibility for any medical expenses he or she incurs during the participation of this program.

Parent / Guardian's Signature: _____ Date _____

4. Medical Release / Consent to Treat

During the program, first aid will be administered if necessary until medical care facilities can be reached or medical personnel can arrive. Parents will be informed of any treatment the student has received.

In case of medical emergency, such as acute appendicitis or serious injury, I hereby authorize any medical treatment which may be advised or recommended by attending medical personnel for my child. When practical, I will be notified by telephone before any procedures are done.

Parent / Guardian Signature: _____ **Date** _____

MEDICAL INFORMATION

Student's Name: _____

Are you allergic to any medication (i.e., penicillin?) Yes No

Are you currently taking any type of medication? _____ Yes No

If yes, what type? _____

Have you ever had an allergic reaction to insect stings? Yes No

If yes, please describe: _____

Do you have any physical disabilities that might limit your participation in physical activities? _____ If yes, please describe. _____

Do you have any medical condition or history that should be brought to the attention of medical personnel in case of an emergency? _____

Are you allergic to any foods and/or do you have special dietary concerns; for instance, are you a vegetarian?

The above information is correct to the best of my knowledge.

Student's signature _____ Date _____

Parent's signature _____ Date _____

Release for over-the-counter medication:

We do carry Benadryl (to give in the event of an unexpected reaction to bee sting or insect bite) and Tylenol (headache, etc.) with us.

Please check the sentence that applies to you.

I give my permission for my child to be given medication if he/she needs it. _____

My child may only have the medications I have underlined (above). _____

I would prefer that my child be given NO over-the-counter medication. _____

Parent's signature _____ Date _____

Name of Participant _____