

## HEALTH FORM—Summer Scholars Camp

Parents, please complete this form and return it to our Summer Scholars office, or bring it with you on the day of camp registration, July 12. If your child has a special medical situation that we need to be aware of in advance, please send this form back to us immediately.

A licensed nurse will be available on campus the entire week of Summer Scholars camp.

### Disclosure-

Programs may include physical activities such as swimming and running. These activities are designed to be within the limits of a person who is in average good health. The level of participation in all programs and activities is at all times completely up to the individual.

Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer a physical injury and disability. To come to camp, each participant must have health/accident insurance coverage. If your child does not have health insurance, you must contact our office immediately. The information requested on this form is intended to help alert staff to pre-existing medical conditions. This information is held in confidence and will not be kept as a permanent record.

### GENERAL & MEDICAL INFORMATION (please print)

Camper Last name \_\_\_\_\_

Camper First name \_\_\_\_\_

Camper date of birth \_\_\_\_\_

Does camper have health/medical insurance? (please circle the answer)    no                      yes

Name of Insurance Company \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

Phone number of Insurance Company \_\_\_\_\_

Please circle the answer to the following questions -

Does your child have any limiting physical or health disabilities-temporary or permanent-that you or your doctor feel would limit his or her participation in an activity?.....no                      yes

If you've answered yes, please explain

\_\_\_\_\_  
\_\_\_\_\_



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Phone number you check regularly \_\_\_\_\_

Second phone number \_\_\_\_\_

E-mail address you check regularly \_\_\_\_\_

**Secondary Emergency Contact**

Person's name \_\_\_\_\_

Relationship to Summer Scholar \_\_\_\_\_

Address \_\_\_\_\_

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Phone number checked with regularity \_\_\_\_\_

Second phone number \_\_\_\_\_

E-mail address check regularity \_\_\_\_\_

Parent or Guardian's signature \_\_\_\_\_

Date \_\_\_\_\_