

# HUMANITIES SUMMER CAMP

## HEALTH INFORMATION FORM

While at camp, we want to insure student health and safety. In the event of an accident, the leaders of the summer camp are to request an emergency treatment release so we can seek medical assistance if parents are absent.

Please print clearly. The form must be completed, signed and returned. This form is in effect from June 23 – June 28, 2019.

Student's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Father's Place of Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Place of Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to be notified other than parent in case of emergency:

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

Relationship: \_\_\_\_\_

Do you have any medical conditions that staff should be aware of? YES NO

If yes, explain:

Are you required to take any prescription medications on a regular basis? YES NO

If yes, please list prescriptions and regularity:

Are you allergic to any medications, foods, bee stings, etc.? YES NO

I hereby give my permission to an authorized school official to obtain medical attention for my child in case of injury or illness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SIMPSON COLLEGE

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