

# Summer Adventures

## Emergency Medical Form Summer - 2017

### Student Information:

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Male  Female

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

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

Home Phone: \_\_\_\_\_

### Parent/Guardian Information:

Father  Stepfather  Guardian  Mother  Stepmother  Guardian

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

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical conditions and/or allergies (including reactions to medications): \_\_\_\_\_

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

Current Medications: \_\_\_\_\_

\* Any life-threatening medications should be kept with Summer Adventures Staff.

We recommend a 72 hour supply.

Any other medical or physical conditions Summer Adventures Staff should know: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Indicate if Summer Adventures Staff may administer over the counter medicines:  Tylenol  Ibuprofen  None

X \_\_\_\_\_

Father's/Guardian's Signature

X \_\_\_\_\_

Mother's/Guardian's Signature

# Summer Adventures 2017

## Emergency Medical Release Form

This form will be on file in the Summer Adventures office for the summer of 2017.

I/we agree that in the case of an accident, illness, or other life-threatening emergency to the student listed below, I/we give permission for Summer Adventures Staff to contact Emergency Medical Services (911) immediately.

I/we authorize and consent to any examination, x-rays, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary in the best judgment of a licensed physician or dentist.

I/we agree to assume all financial responsibility for expenses incurred as a result of any of these services being provided, including emergency medical transportation.

**Camper's Full Name:** \_\_\_\_\_  
(Please Print)

**Date of Birth:** \_\_\_\_\_  
(MM/DD/YYYY)

**Father's/Guardian's Full Name:** \_\_\_\_\_  
(Please Print)

**Father's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mother's/Guardian's Full Name:** \_\_\_\_\_  
(Please Print)

**Mother's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Please notify Summer Adventures Staff of any changes over the summer.***