

Summer Adventures

Emergency Medical Form Summer - 2018

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 2018

Emergency Medical Release Form

This form will be on file in the Summer Adventures office for the summer of 2018.

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.