



# Summer Camp

## 2017

### Health Form

Please provide us with the following information. At the Challenger Learning Center the health and safety of our campers is our most important concern. For this reason we require that you complete the form below and carefully read all information that follows. This procedure helps ensure the well-being of all campers and is required for camp participation. We request that all forms be returned prior to the camp start date your child will be attending in order to complete your reservation.

#### **Camper Information (Please Print):**

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

Work Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Telephone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Is camper covered by health insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Complete Health Insurance Information: Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

List all medical conditions, physical or learning disabilities, any emotional or behavioral problems, and/or any other relevant information:

Drug Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Indicate any medications or special treatments received by the applicant:

#### **Authorization form Medical Treatment MUST be signed by a Parent/Guardian:**

- I (parent or legal guardian) \_\_\_\_\_ hereby grant permission for (applicant's name) \_\_\_\_\_, to participate in all phases of the activities for Challenger Learning Center's Winter Camp on (camp date) \_\_\_\_\_. It is with my full knowledge and approval that I allow the above-named applicant to participate
- I understand and agree that I am responsible as the above-named applicant's parent or legal guardian for providing health insurance to cover any accident and/or health problems resulting from or arising out of the participation of the applicant in the Challenger Learning Center's Summer Camp. I hereby give consent in advance for the personnel of Wheeling Jesuit University and the Challenger Learning Center to take any and all necessary steps to provide any and all necessary medical treatment on behalf of the applicant. In the event of an emergency, I authorize the personnel of Wheeling Jesuit University and the Challenger Learning Center to arrange for any necessary emergency medical treatment on behalf of the applicant, including but not limited to calling 911. I understand that the Challenger Learning Center will try to contact me as soon as possible in the event of such an emergency. I agree to assume all financial liabilities
- I hereby release, discharge, and hold harmless Wheeling Jesuit University, its employees, and its agents for any and all responsibility, damages, or causes of action, present or future, resulting from or arising out of the participation of the above-named applicant in the Challenger Learning Center's Summer Camp
- I understand and agree that if a clause or provision of this release and permission is found by a court to be invalid, that finding shall not invalidate any other clause or provision of this release, which shall continue to be enforceable
- I hereby acknowledge that I have/will notify the personnel of the Challenger Learning Center of any and all special medical needs or other information required by the above-named applicant.
- I verify that you have my permission to take \_\_\_\_\_ to the nearest medical facility for emergency treatment and I assume responsibility for payment.

Hospital of choice: \_\_\_\_\_

Physician of choice: \_\_\_\_\_ phone: \_\_\_\_\_

Dentist of choice: \_\_\_\_\_ phone: \_\_\_\_\_

Parent/Guardian Signature Date \_\_\_\_\_

