

COLLEGE OF  
**Saint Benedict**  **Saint John's**  
UNIVERSITY

**Summer Camp Health Information Form**

(Please print clearly and fill out completely)  
Return with Registration Deposit check to J. David Arnott, Music Dept. College of Saint Benedict,  
37 S College Ave, St. Joseph, MN 56374

Camp you are registering for UMSCMC Date of Camp July 20-25, 2008

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(last) (first) (middle)

**Emergency Information:**

Name of Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Parents' Names \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Physician or Clinic \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Insurance Information:**

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Is pre-authorization required? Yes \_\_\_ No \_\_\_

Phone ( ) \_\_\_\_\_

If your child is injured which mode of transportation would you prefer?

\_\_\_\_\_ The camp staff may transport the camper.

\_\_\_\_\_ I will come and get my child.

**Camper has or is subject to: (check all that apply)**

\_\_\_\_\_ Asthma \_\_\_\_\_ Convulsions \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Heart Problems \_\_\_\_\_ Allergies (environmental) /Hay Fever \_\_\_\_\_ Seizures  
\_\_\_\_\_ Other (list) \_\_\_\_\_

**Camper has allergies or reactions to: (check all that apply)**

\_\_\_\_\_ Penicillin \_\_\_\_\_ Acetaminophen \_\_\_\_\_ Other (list)  
\_\_\_\_\_ Tetanus Antitoxin \_\_\_\_\_ Latex \_\_\_\_\_ Insect Bites  
\_\_\_\_\_ Tetanus Toxoid Is Tetanus Immunization Current? Yes \_\_\_\_\_ No \_\_\_\_\_

Foods: (list) \_\_\_\_\_

List all past and/or current athletic-related injuries:

\_\_\_\_\_

Does camper possess any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name all medications camper is currently taking: \_\_\_\_\_

Please indicate the condition needing this medication: \_\_\_\_\_

List any specific activities to be restricted: \_\_\_\_\_

When water specific sports are a part of the activity, my child may participate in:

Swimming \_\_\_\_\_ Yes \_\_\_\_\_ No Diving \_\_\_\_\_ Yes \_\_\_\_\_ No

**PARENT AUTHORIZATION**

The health history listed above is correct as far as I know, and the above named member has my permission to engage in all program activities at this event except as noted.

I understand that adult supervision will be provided.

If a serious illness or injury develops, medical and/or hospital care will be given. Staff members for the activity are not responsible in case of accidental injury or illness.

I further understand that in case of medical emergency I will be notified. In the event I cannot be reached, I hereby give my permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for the child as named above.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_