

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 22-27, 2012

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 _____

Name of policy holder _____

Phone () _____

Date of birth of policy holder _____

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 _____