

ASTRONOMY CAMP MEDICAL RELEASE

please print all information; continue on back side if necessary

STUDENT:

Full name: _____ Birth date: _____

Social Security Number: _____ (for emergency use only)

Present health: _____

Past injuries: _____

MEDICATIONS:

Drug allergies & sensitivities: _____

Date of last tetanus booster: _____

Are immunizations up-to-date? **YES or NO** (If NO, please explain on back of this form)

Medications (prescription & over-the-counter) student will require at Camp:

List kinds and frequencies _____

YES or NO: My student may be offered over-the-counter medication for pain and allergies.

**(CIRCLE any items you approve): acetaminophen (Tylenol); ibuprofen (Motrin, Advil); aspirin;
Naproxen (Aleve); diphenhydramine (Benadryl).**

DIETARY:

Restrictions: _____

Food allergies: _____

If "vegetarian," please elaborate (vegan?; do you eat dairy, fish, chicken?): _____

HEALTH INSURANCE:

Is student covered by health insurance? YES or NO

Please attach photocopies of both sides of your insurance card or claim form.

Company _____

Policy number _____

Address _____

City _____ State _____ Zip _____

LIST ALL medical conditions, motion sickness, physical or learning disabilities, behavioral concerns:

I agree to let my child be treated by a licensed physician while attending Astronomy Camp, as may be necessary, and to assume all costs related to such treatment. I authorize my insurance company to pay benefits to any medical facility or hospitals. Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim. The above student has my permission to take the medications listed above as needed during the Camp.

Parent's Signature _____ **Date** _____

Address _____

Phones: (Home) _____ (Work) _____ (Cell) _____

Emergency contact & phones (other than parents): _____

Phones: (Home) _____ (Cell) _____