



SAUU and Arts & Rec 2019 – Camper Emergency and Health Record

Child Name: _____

LAST

FIRST

MIDDLE I.

Date of Birth: _____ Gender: M F Age: _____ Grade (2019/20 SY): _____


Home Address: _____

STREET NAME

CITY

STATE

ZIP

Camp Dates	Camp Options	
<input type="checkbox"/> Week 1: June 24 - 28	Half-Day <input type="checkbox"/> Full-Day <input type="checkbox"/> Arts & Rec <input type="checkbox"/>	
<input type="checkbox"/> Week 2: July 1 – 5	Half-Day <input type="checkbox"/> Full-Day <input type="checkbox"/> Arts & Rec <input type="checkbox"/>	
<input type="checkbox"/> Week 3: July 8 - 12	Half-Day <input type="checkbox"/> Full-Day <input type="checkbox"/> Arts & Rec <input type="checkbox"/>	
<input type="checkbox"/> Week 4: July 15 – 19	Half-Day <input type="checkbox"/> Full-Day <input type="checkbox"/> Arts & Rec <input type="checkbox"/>	
<input type="checkbox"/> Week 5: July 22 – 26	Half-Day <input type="checkbox"/> Full-Day <input type="checkbox"/> Arts & Rec <input type="checkbox"/>	

First Parent/Guardian

Name: _____

Address (if different from above): _____

Phone Number(s) Home: _____ Cell: _____ Work: _____

Second Parent/Guardian

Name: _____

Address (if different from above): _____

Phone Number(s) Home: _____ Cell: _____ Work: _____

If the above parent/guardian is not available in an **emergency**, please notify:

Name: _____

Relationship: _____

Address: _____

Phone Number(s) Home: _____ Cell: _____ Work: _____

Will the parent(s) or guardian(s) named above be traveling domestically or abroad while the child is attending SAUU or Arts&Rec? Yes No

If **YES**, please include location and telephone number where the parent/guardian can be reached below:

Location/Address: _____

Phone Number: _____



HEALTH INFORMATION

Child Name: _____

Name of family physician _____

Address _____

Phone Number _____

MEDICAL HISTORY – Does the child have any medical conditions, impairments, or injuries that we should be aware of? If yes, please give a detailed description including restrictions, if any:

ALLERGIES – Please list all known.

**If your child has a severe, life-threatening allergy (requires an epipen) please provide us with an Emergency Health Care Plan signed by yourself and a physician. We recommend that you attach a photo of your child to your Emergency Plan.*

Medication allergies (list) _____

Food allergies (list) _____

Other allergies (list) – include insect stings, hay fever, animal dander, etc. _____



MEDICAL RELEASE

Child Name: _____

Parent/Guardian Authorization: I hereby give permission to the medical personnel selected by the program director to order x-rays, routine tests, treatment, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel selected by the program director to secure and administer treatment, including hospitalization, for the person named above. I understand the “mildly ill child policy” and agree to its terms. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Parent/Guardian Signature: _____ Date: _____

PLEASE INCLUDE A COPY OF YOUR CHILD’S IMMUNIZATION RECORDS AS WELL AS A SIGNED & DATED PHYSICAL EXAM LETTER FROM YOUR DOCTOR

MEDICATIONS

Please mark the statement that applies to your camper.

- Child takes NO medication or is NOT prescribed any medications.
- Child takes daily medications or routinely takes medications (prescribed OR over the counter) while they will be at camp. (If checked, fill out and sign **Authorization to Administer Medication to a Camper** form*).

* **Authorization to Administer Medication to a Camper** will be sent separately by Health Supervisors. We require explicit written permission and instructions to administer medications to your child. If your child will require medication during program hours, this form **MUST BE COMPLETED** with 30 days advanced notice.

Any medication must be in its original bottle or container with a valid prescription label. Your child's name, physician's name, and dosage amount, must be clearly noted. Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Please have your child bring enough medications to last the entire time at camp.