

# Summer Games University

## Camper Health Form

Each camper must complete this form in order to participate at Summer Games University. Those choosing not to complete this form will not be able to participate in Summer Games University. **Do not submit in advance, hand-deliver this form to the medical staff at camp check-in.**

This form is mandatory and must be completed by the legal guardian of the camper. The back of this form must be signed by the parent/guardian and camper.

### CAMPER INFORMATION:

Camper First & Last Name:	Date of Birth: (mm/dd/yyyy)	Gender: (circle) Male Female
Street Address:	City/State:	Last grade completed:
Student resides with: (circle) mother      father      guardian	Cell Phone: (including area code)	
Home Phone: (including area code)		

### INSURANCE INFORMATION:

Insurance Company Name:	Insurance Policy Number:
Policy Holder Name:	Policy Holder Date of Birth: (mm/dd/yyyy)
Policy Holder Relationship to Camper:	Insurance Company Address:
Policy Holder Social Security Number:	Camper Social Security Number:
Allergies: (bee stings, bug bites, food, medication, etc)	

Please indicate if you have had any of the following conditions and how it is best handled:

- |                      |   |
|----------------------|---|
| Y N Asthma           | Y N Back pain   |
| Y N Seizures         | Y N heart condition                                   |
| Y N Fainting         | Y N Chronic Illness                                   |
| Y N Sleep walking    | Y N Diabetic  |
| Y N Hearing impaired | Y N Psychological disorder (anxiety, depression, etc) |
| Y N Vision impaired  | Y N Other   |

Please explain marked conditions:

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Please list current medications including medication name, dose, and frequency:

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Please list any physical, mental, or emotional conditions that could restrict activity while at camp & indicate the best way to handle these conditions.

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**EMERGENCY CONTACT INFORMATION**

\*other than parent

Emergency Contact Name:	Relationship to Camper:
Home Phone: (including area code)	Cell Phone: (including area code)

The undersigned represents that he/she is the custodial parent/legal guardian of the above identified participant. The camper has my permission to attend the camping session from July 3-7, 2021 at Central College in Pella, Iowa. This permission is given by me with full knowledge of the conditions and activities contemplated during each session. The participant has no physical or mental disabilities that would impair their participation except as noted above. I will not hold the camp or camp personnel liable for injuries suffered as a result of the campers own voluntary actions.

I give permission and consent for \_\_\_\_\_ to participate in all activities and to allow photographs, videotapes and interviews to be taken during the camping session and to be published and used to illustrate report, promote and advertise the camp. Use of any such photographs, videotapes, or interviews may include, but are not limited to, use in web sites, catalogues, brochures, flyers and general promotional materials.

I give my consent for \_\_\_\_\_ to receive over-the-counter medications for common ailments. These may include such items as Tylenol, hydrocortisone cream, etc.

**I understand that Summer Games University is not responsible for lost, stolen or damaged personal items and that my camper is responsible for the safe-keeping and protection of personal items at all times.**

I understand that camp insurance is an accident policy, not a medical illness policy, and is a supplemental policy only. It will pay whatever my own insurance does not cover (deductible or over) up to the limit of the policy. If medical (sickness, injury) care is needed, billings will be sent to the parent-guardian who will be responsible for direct payments to physician, hospital, clinic, etc.

The participant is currently taking only medications listed above. The camper has no allergies known to me except those noted on this form. The health history is correct as far as I know.

In the event of illness or injury, I authorize the physician and/or hospital to undertake such treatment of and perform such services (including surgical) for the participant as are reasonably indicated by the circumstances.

My camper will be riding home with: \_\_\_\_\_

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

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

