

MEDICAL/INSURANCE FORM

Energy Venture Camp
July 18 – July 22, 2016

Medical Information

Student's Name _____
Birthdate _____ Grade Entering _____
Parent/ Legal Guardian's Name _____
Address _____
City _____ State _____ ZIP _____
Home () _____ Work: () _____ Cell () _____

To Parents:

In order for your child to receive medical care in the event of an illness or injury while participating in a Energy Venture Camp, please provide the following information along with a signed Waiver of Liability and Hold Harmless Agreement, attached.

Date of last tetanus immunization or booster shot _____

List any medical, psychological, or emotional conditions for which your child is being treated.

List all medications he or she is currently taking.

List all medications to which your son or daughter is allergic.

List any accommodations and/or activity restrictions that your child may need:

Insurance Information

Insurance Company and Policy No. _____

Name of Person Carrying Insurance _____

Place of Employment _____

Family Physician:

Name _____

Telephone number _____