

Camper/Student Health Form

STUDENT INFORMATION

Last Name

First Name

Middle Initial

Home Address

City

State

INSURANCE POLICY INFORMATION

Yes No

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- **Attach a photocopy of policyholder's ID card**
- **Attach a copy of student's insurance card**

IN CASE OF INJURY OR ILLNESS, I HEREBY GRANT PERMISSION TO A HEALTH PROFESSIONAL TO PROVIDE MEDICAL ASSISTANCE AND/OR TREATMENT FOR THE STUDENT NAMED ABOVE. I UNDERSTAND THAT IN CASE OF AN EMERGENCY OR ACCIDENT, 911 WILL BE CALLED. I AUTHORIZE EMERGENCY MEDICAL SERVICES (EMS) TO ADMINISTER ANY MEDICAL TREATMENT, MEDICATION, OR APPLIANCE DEEMED NECESSARY BY EMS. I ALSO AUTHORIZE TRANSPORTATION BY EMS TO THE NEAREST APPROPRIATE MEDICAL FACILITY, IF DETERMINED NECESSARY. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF ALL EMS, HOSPITAL, AND PHYSICIAN CHARGES FOR EMERGENCY SERVICES TO THE STUDENT. I ALSO UNDERSTAND AND ACCEPT FINANCIAL RESPONSIBILITY FOR ANY OTHER MEDICAL EXPENSES INCURRED BY THIS STUDENT DURING ATTENDANCE AT THE PROGRAM.

STUDENT NAME _____

GUIDELINES FOR MEDICATIONS AND AUTHORIZATION FOR ADMINISTRATION OF MEDICATION:

All medications will be kept and self-administered by the student.

prescription/over-the-counter drugs **prescription and non-**
