

SUMMER ACTIVITIES FOR YOUTH

HEALTH INFORMATION AND CONSENT FORM

To be completed by the participant's **PARENTS**. Please return with camp application.

1. Camp or Program _____ Dates _____
2. Participant's Name _____
(last) (first) (middle)
3. Home Address _____
and Phone: (street or route) (city or town) (state) (zip) (phone)
4. Parent's Names: Mother (or Guardian) _____
(last) (first) (middle)
Father (or Guardian) _____
(last) (first) (middle)
5. Work Address _____
and Phone: Mother (or Guardian) _____
(place) (street or route)

(city or town) (state) (zip) (phone)
Father (or Guardian) _____
(place) (street or route)

(city or town) (state) (zip) (phone)

6. Please list a close relative or friend who may be contacted if you are unavailable in case of an emergency:

7. Is there any information regarding your child of which the camp staff and faculty should be aware? Please check and explain.

___ Handicapping conditions _____
___ Diseases _____
___ Allergies _____
___ Activity restriction _____
___ Necessary regular medications _____
___ Other _____

8. Physician to be contacted in case of emergency:

Name _____ Telephone Number _____

Address _____

Your signature indicates parental approval of the student's attendance at and participation in all camp activities except as noted by you in number 7 above.

(Signature of parent or guardian)

(date)

Consent of Treatment-----

I hereby authorize the Southern Illinois University Edwardsville to provide or obtain emergency medical care for

_____, a minor. I understand that I will be responsible for any charges incurred for such care.

Signature _____
(Parent or Guardian, if patient is under 18 years of age)

Telephone _____

Relationship to Minor _____

Distribution: Program Director / Program Staff