

# Camper/Student Health Form

## STUDENT INFORMATION

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**Last Name**

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**First Name**

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**Middle Initial**

**Home Address**

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**City**

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**State**

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**INSURANCE POLICY INFORMATION**

**Yes    No**

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_____	_____
_____	_____
_____	_____
_____	_____
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- **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.**

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**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-**

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