

**HEALTH STATEMENT  
DUE BEFORE MAY 15, 2010**

CK Session # \_\_\_\_\_

**The information requested below will enable the director and staff to understand and serve your child's needs while at camp, and will facilitate any medical attention required due to illness or injury. It is therefore of vital importance that this statement be completed and signed by you and your physician. PLEASE BE AS COMPLETE AND HONEST AS YOU CAN FOR THE BENEFIT OF YOUR CHILD.**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

Parent's Place of Employment \_\_\_\_\_

Name and telephone number we should call in an emergency if we could not reach either Parent:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

Date of last examination by physician \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ General Health: \_\_\_\_\_ very good \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

Are all immunizations and boosters current? \_\_\_\_\_ Yes \_\_\_\_\_ No (if no, please specify below)

\_\_\_\_\_

Restrictions on activities: None \_\_\_\_\_ Sports \_\_\_\_\_ Swimming \_\_\_\_\_ Other \_\_\_\_\_  
*(Please Specify)*

\_\_\_\_\_

Restrictions on diet \_\_\_\_\_

Allergies: (Please List) \_\_\_\_\_

\_\_\_\_\_

Are there any health conditions of which the CK staff should be aware? **(Examples: Diabetes, epilepsy, chronic sore throats or stomach trouble, ADHD, School Problems, etc.)** \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, provide details below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

 \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

 \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PARENT**

**Note: Signature REQUIRED in TWO places BELOW for acceptance of application.**

Child's Name \_\_\_\_\_

Please provide any information that would help the College for Kids staff better understand and relate to your child: (If your child takes a medication during the school year but not during CK, please let us know. Examples: ADHD, allergy, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROOF OF INSURANCE** (mandatory for acceptance to program)

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of policy holder \_\_\_\_\_ Policy holder's social security # \_\_\_\_\_

**PERMIT AND RELEASE**

\_\_\_\_\_ (my son/daughter) has my/our permission to participate in classes, activities, and field trips with College for Kids Faculty and Staff. I/we also grant permission for College for Kids or its designate to photograph, record, video tape my child; or use verbal or written material from my child during College for Kids activities and to use those materials for promotional or other purposes chosen by College for Kids Board of Directors. I/we authorize and constitute the College for Kids staff to act as my agent in obtaining medical or dental attention for my son/daughter by a licensed physician/dentist and/or hospital if illness or injury occurs while he/she is at camp. I/we also grant permission for medical personnel to obtain any information necessary for effective medical treatment of my/our son/daughter. I/we further agree (i) to indemnify and hold harmless the College for Kids, A Summer Exploration, Inc. director, staff, College for Kids Advisory Council and Board of Directors, cooperating sponsors, and William Woods University, and (ii) to forever refrain and desist from instituting or asserting any claim, demand, actions or suit for injuries or damage resulting from any accident or illness that might occur to my/our son/daughter while attending College for Kids, A Summer Exploration, Inc.



Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*Signature REQUIRED ABOVE for Acceptance of Application*

**MEDICATION INSTRUCTIONS AND AUTHORIZATION**

I/we hereby authorize the staff of College for Kids to administer the following medications to my/our son/daughter, as per the following instructions.

1. Over the Counter Medication will be administered as needed per dosage instructions for child's age and weight. Additional instructions regarding OTC medications \_\_\_\_\_

2. Medications, dosage and schedule MUST be listed below. If your child is currently taking medication, please call CK in advance to ensure proper procedures are followed.

Name of Medication \_\_\_\_\_

Dosage and schedule \_\_\_\_\_

Additional instructions regarding prescription medication \_\_\_\_\_

**PLEASE NOTE: This form MUST be signed BELOW to ensure proper medical attention during camp.**



Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*Signature REQUIRED for Acceptance of Application*