

Physics and Flight Summer Camp 2010

EMERGENCY MEDICAL FORM

Dear Parent/Guardian:

In the event that your son/daughter requires medical attention while participating during a Camp Function, we request your authorization to act until you may be reached/available. Please read and complete the statement below. Your signature will provide the authorization that we will need. Thank you for returning this medical form to the Flight Camp Staff by check-in on July 5, 2010.

STUDENT NAME _____ **BIRTH DATE** _____

HOME ADDRESS _____

_____ **HOME PHONE** _____

FATHER'S NAME _____ **WORK PHONE** _____

MOTHER'S NAME _____ **WORK PHONE** _____

Please name an alternate parent or family member that may be contacted in an emergency.

NAME _____ **PHONE** _____

HEALTH INSURANCE CARRIER _____ **POLICY NO** _____

PHYSICIAN'S NAME _____

ADDRESS _____ **PHONE/FAX** _____

Please note any medical condition of which we should be aware. _____

ALLERGIES _____

TETANUS BOOSTER _____ **SPECIAL DIET:** Diabetic _____ Other _____
Date

PRESENT MEDICATIONS _____

In the event that I cannot be reached and my son/daughter requires medical attention, I authorize a representative from the Council Rock School District or Physics and Flight Camp Staff to act in my behalf.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

The camp nurse has standing orders from the school physician to administer **Acetaminophen** (generic Tylenol) and **Ibuprofen** (generic Advil/Motrin) when necessary. I give my consent for my child to receive these medications when medically indicated.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____