

# Physics and Flight Summer Camp 2012

## 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 June 18 or June 25, 2012.

**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** \_\_\_\_\_