

Camp Name & Session

## Participant Consent to Treat, Release of Liability, Insurance Information, and Health History Form (MUST be completed to participate)

### Student Information (Please Print)

Male    Female

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Grade Entering \_\_\_\_\_ School Name \_\_\_\_\_

### Parent/Guardian Information

Each Parent/ Guardian must fill out the following information.

Mother's/Guardian's Full Name \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Father's/Guardian's Full Name \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

### Emergency Contacts

Please note that the emergency contacts should be individuals other than the parent/guardian's listed above. (In the event of an emergency, the parent/guardian is the initial contact.) This information is mandatory.

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

### Release of Student

No student shall be released without permission of the program director and without completion of the release below. For safety reasons, the student will not be released to unauthorized individuals. In case of emergency \_\_\_\_\_

may be released to the following people:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Parental Consent

In consideration of the acceptance of \_\_\_\_\_ as a participant in the Superior Edventures Summer Camp Program, the applicant agrees that Lake Superior State University and/ or its staff, coaches, or employees will not be held responsible for any accidents or loss of personal property, however caused, and agrees to release the University from all claims or damages which may arise as a result of such accidents or loss. It is further agreed that all risks attendant to watching and/ or participating in the Superior Edventures Summer Camp Program are assumed by the student and his/ her parents and/ or guardian and that this assumption is acknowledged, approved by their signature hereto. The Superior Edventures Summer Camp Program reserves the right to use any pictures taken during the program for advertising and/ or instructional purposes. I/ we have read the foregoing, have explained it's meaning to our son/ daughter or ward, and understand and approve of consent to the terms and conditions as stated.

X) Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Health History

Please circle the medical problems the participant has had or is currently experiencing.

Asthma                      Back Problems                      Epilepsy                      Allergies                      High Blood Pressure  
 Dislocations                      Joint Problems                      Heart Problems                      Diabetes                      Other \_\_\_\_\_

For any conditions checked above, please describe symptoms/conditions, how often they occur, how long they last, and how you take care of them.

\_\_\_\_\_

Does the student currently have any infectious diseases? If so, explain:

\_\_\_\_\_

Does the student have any limiting physical or health disabilities or handicaps (temporary or permanent) that the student or the doctor feels would limit the participation in this program? If so, explain:

\_\_\_\_\_

Please explain in detail any additional information on any behavioral or emotional limitations that the student might have.

\_\_\_\_\_

Name of Participant's Doctor \_\_\_\_\_  
 Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Date and location of the participant's last physical exam \_\_\_\_\_

Does the student have any food allergies? Or, dietary requirements? \_\_\_\_\_

Are all immunizations up to date? (circle one)    Yes    No

Date of last tetanus shot \_\_\_\_\_

## Medications

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medications can be turned in at registration and will be distributed as directed by the Head Counselor for resident students.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Add'l instructions _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Add'l instructions _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Add'l instructions _____
Parent signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Parent signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Parent signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

I understand that:

1. Prescription medications must be taken according to my doctor's or pharmacist's instruction.
2. It is never appropriate to allow other people to take my prescription drugs and that doing so will result in expulsion from summer camp and/or referral to police and other authorities.
3. If my prescription is required for serious allergies (i.e. inhalers, Epi-pens), I should carry these items with me at all times.
4. I must self-monitor and take my medications appropriately.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Note:** Parents are responsible for ensuring that students have enough of any necessary medicine to get through the week. Please do not send extra unless it will be needed.



# Summer Camp Transportation Form

I will be picking up my child from camp at the end of each day.

I give permission for the following individuals to pick up my child from camp.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

X) \_\_\_\_\_  
Signature of Parent/Guardian Date

My son /daughter will be checking his/herself in each morning because he/she is walking to camp.

X) \_\_\_\_\_  
Signature of Parent/Guardian Date

My son /daughter will be driving to camp. *The overnight participant will be required to turn his/her vehicle keys over to the Superior Edventures Staff for the duration of their stay at LSSU.*

X) \_\_\_\_\_  
Signature of Participant Date

X) \_\_\_\_\_  
Signature of Parent/Guardian Date

## Permission for transport for all summer camp participants.

I hereby give permission for \_\_\_\_\_ as a participant in the Superior Edventures Summer Camp Program, to travel to and from any / all destinations for the entire week of summer camp by LSSU staff.

I understand that the driver, and Lake Superior State University are not responsible for any injury or damages which may be incurred on said trip, and in consideration for providing transportation, I agree to hold Lake Superior State University, as well as the drivers and owners of the vehicles transporting the student, harmless from claims for injury or damages occurring during said trip.

X) \_\_\_\_\_  
Signature of Parent/Guardian Date

**Superior Edventures**  
(Adventures in Education)

 **LAKE SUPERIOR**  
STATE UNIVERSITY

650 W. Easterday Ave., Sault Sainte Marie, MI 49783 • Telephone: 906-635-6673 • Fax: 906-635-2695