

| Camp Name & Session | |
|---------------------|--|

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

| Student Information (Plea | ase Print) | | |
|---|--|---------------------------|---------------------------------|
| ☐ Male ☐ Female | | | |
| Student's Full Name | | Birth Date | Grade |
| Address | | | |
| | | | |
| Grade Entering | School Name | | |
| Davant/Overdian Informat | i a u | | |
| Parent/Guardian Informat | | | |
| Each Parent/ Guardian must fill out | _ | | |
| | Evening Phone () | | 1 |
| Day i none () | Evening Frioric () | | |
| Father's/Guardian's Full Name | | | |
| | Evening Phone () | | |
| , | , | , | |
| Emergency Contacts | | | |
| Please note that the emergency con | tacts should be individuals other than the pa | arent/guardian's listed a | bove. (In the event of an emer- |
| gency, the parent/guardian is the init | tial contact.) This information is mandatory. | | |
| Name | Relationship to Participan | t | |
| Day Phone () | Evening Phone () | Cell (_ |) |
| | | | |
| | Relationship to Participan | | |
| Day Phone () | Evening Phone () | Cell (_ |) |
| Deleges of Chudent | | | |
| Release of Student | t normingion of the program director and with | acut completion of the r | ologoo holow. For cofety rec |
| | t permission of the program director and with | • | • |
| may be released to the following per | d to unauthorized individuals. In case of emo | ergency | |
| • | Phone | | |
| Name | | | |
| | 1 110110 | | |
| Parental Consent | | | |
| In consideration of the acceptance | ee of | as a participant | in the Superior Edventures |
| | olicant agrees that Lake Superior State U | | |
| | ny accidents or loss of personal property | | |
| | ages which may arise as a result of such ticipating in the Superior Edventures Su | | |
| | dian and that this assumption is acknowledged | | |
| Superior Edventures Summer Ca | imp Program reserves the right to use ar | ny pictures taken durir | ng the program for advertis- |
| | s. I/ we have read the foregoing, have ex | | o our son/ daughter or ward, |
| and understand and approve of c | consent to the terms and conditions as st | ated. | |
| X) Signature of Parent/Guardian | | Date | |

| Health History | | | |
|---|---|---|--|
| rioditii riiotory | | | |
| Please circle the medical problems the Asthma Back Problems Dislocations Joint Problems | Epilepsy / | rently experiend Allergies Diabetes | ring. High Blood Pressure Other |
| For any conditions checked above, p care of them. | lease describe symptoms/cond | litions, how ofte | n they occur, how long they last, and how you take |
| Does the student currently have any | infectious diseases? If so, expl | ain: | |
| Does the student have any limiting places would limit the participation in the | | nandicaps (tem | porary or permanent) that the student or the docto |
| Please explain in detail any additiona | al information on any behaviora | l or emotional li | mitations that the student might have. |
| Name of Participant's Doctor | | | |
| Day Phone () | Ever | ning Phone (|) |
| Address | | City |) StateZIP |
| Date and location of the participant's | last physical exam | | |
| Does the student have any food aller | gies? Or, dietary requirements | | |
| | | | |
| Are all immunizations up to date? (circle) Date of last tetanus shot | | | |
| | | | |
| information must be included, even if | they are for occasional or eme | rgency use only | y this part of the health form.) Inhalers and EpiPen y. e Head Counselor for resident students. |
| List all medications currently used. (If information must be included, even if Medications can be turned in at regis | they are for occasional or eme | rgency use only s directed by th | y. e Head Counselor for resident students. |
| List all medications currently used. (If information must be included, even if Medications can be turned in at regis | they are for occasional or eme tration and will be distributed as Medication | rgency use only s directed by th | e Head Counselor for resident students. Medication |
| List all medications currently used. (If information must be included, even if Medications can be turned in at regis | they are for occasional or eme tration and will be distributed as Medication Strength Frequency | rgency use only s directed by th | y. e Head Counselor for resident students. Medication Strength Frequency |
| List all medications currently used. (If information must be included, even if Medications can be turned in at regis Medication Frequency | they are for occasional or eme tration and will be distributed as Medication Strength Approximate date started | rgency use only s directed by th | y. e Head Counselor for resident students. Medication Strength Frequency |
| List all medications currently used. (If information must be included, even if Medications can be turned in at regis Medication Frequency Proximate date started Reason for medication | they are for occasional or eme tration and will be distributed as Medication Strength Approximate date started Reason for medication | rgency use only s directed by th | e Head Counselor for resident students. Medication Strength Approximate date started Reason for medication |
| List all medications currently used. (If information must be included, even if Medications can be turned in at regis Medication Frequency Proximate date started Reason for medication | they are for occasional or eme tration and will be distributed as Medication Strength Approximate date started Reason for medication | rgency use only s directed by th | y. e Head Counselor for resident students. Medication Strength Approximate date started |
| List all medications currently used. (If information must be included, even if Medications can be turned in at regis Medication Frequency Approximate date started Reason for medication Add'I instructions | they are for occasional or eme tration and will be distributed as Medication Strength Frequent Approximate date started Reason for medication Add'l instructions | rgency use only s directed by th | e Head Counselor for resident students. Medication Frequency Approximate date started Reason for medication Add'l instructions |
| List all medications currently used. (If information must be included, even if | they are for occasional or eme tration and will be distributed as Medication Strength Approximate date started Reason for medication | rgency use only s directed by the | e Head Counselor for resident students. Medication Strength Approximate date started Reason for medication |
| List all medications currently used. (If information must be included, even if Medications can be turned in at regis dedication | they are for occasional or emetration and will be distributed as Medication | rgency use only s directed by th | e Head Counselor for resident students. Medication Frequency Approximate date started Reason for medication Add'l instructions Parent signature Temporary □ Permanent □ |
| List all medications currently used. (If information must be included, even if Medications can be turned in at regis ledication | they are for occasional or emetration and will be distributed as Medication | rgency use only s directed by the uency | e Head Counselor for resident students. Medication Frequency Approximate date started Reason for medication Add'l instructions Parent signature Temporary □ Permanent □ |
| List all medications currently used. (If information must be included, even if Medications can be turned in at regis Medication | Medication Strength Reason for medication Add'l instructions Parent signature Temporary Permanent Caken according to my doctor's or per people to take my prescription dress. | rgency use only s directed by the uency | e Head Counselor for resident students. Medication Frequency Approximate date started Reason for medication Add'l instructions Parent signature Temporary □ Permanent □ |
| List all medications currently used. (If information must be included, even if Medications can be turned in at regis Medication | Medication Strength Reason for medication Add'l instructions Parent signature Temporary Permanent Reson for my doctor's or per people to take my prescription dres. Pious allergies (i.e. inhalers, Epi-pe | rgency use only s directed by the uency | e Head Counselor for resident students. Medication Frequency Approximate date started Reason for medication Add'l instructions Parent signature Temporary □ Permanent □ |

| Treatment Authorization | | | | | |
|---|--|--|--|--|--|
| I do hereby authorize Lake Superior State University to seek any emergency or routine medical or surgical treatment necessary for the care of my child, and I authorize Superior Edventures to give my child the following as needed (circle): | | | | | |
| Tylenol Ibuprofen Pepto Bismol Benadryl | None Other | | | | |
| (X) | Date | | | | |
| In the case of illness and/ or injury, permission is granted for medical treatment to be rendered to my son/ daughter. I understand that I will be notified in case of serious illness. All medical bills incurred by the patient will be the responsibility of the parent or guardian. My child is medically fit to participate in the Superior Edventures Summer Camp Program. | | | | | |
| (X)Signature of Parent/Guardian | Date | | | | |
| | | | | | |
| Insurance Information Do you have health insurance? | (Circle one) Yes No | | | | |
| If Yes, please provide the name and address of insurance company: | If No, you must read and agree to the following acknowledgement of risk statement. Your signature on this form | | | | |
| All relevant policy, plan, and/or group numbers for the health insurance | indicates your consent. I have no health insurance. I understand the risk, and I take responsibility for any injury my child may receive. I will as- | | | | |
| Policyholder's name, relationship to student, and address: | sume responsibility for all costs incurred. — Signature (X) | | | | |
| Name and address of policyholder's employer: | Date | | | | |
| Work Phone Number () | _ | | | | |
| If you have HMO, HIS, or PHP insurance, please list emergency phone number for treatment authorization purposes: | | | | | |
| Participant Behavior Agreement | | | | | |
| Lake Superior State University's Superior Edventures Summer Camps reserves the right to terminate the stay of any student when it is deemed to be in the best interest of either the student or the program as determined by the University and its staff. The University and program staff expressly reserves the exclusive right to establish and determine the standards of conduct, behavior, and performance of the participants engaging in the program and to require compliance with such standards as a condition of participation in the program. Students who do not follow these rules, or engage in dangerous or inappropriate behavior, will be expelled from the program at their own cost. Examples of inappropriate behavior includes, but is not limited to, such things as causing disruptions in class, the use of profane language, and the repeated violation of minor rules. This is not a complete list. If you have any further questions about what behaviors are unacceptable, please contact our office at (906) 635-6673. The University requires that you read these regulations with your parent/guardian(s). Your signatures indicate that you understand and accept them as a part of your participation in Lake Superior State University's Superior Edventures summer camps. | | | | | |
| X) | | | | | |
| Signature of Participant | Date | | | | |
| X) | Date | | | | |

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 overnig over to the Superior Edventures Staff for the duration of X) | Date | to turn his/her vehicle keys | | | | |
| Permission for transport for all summer camp participants. | | | | | | |
| I hereby give permission foras 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 | | | | | |





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