



Lake Superior State University – Summer Camp Participant Consent to Treat, Release of Liability, Insurance Information, and Health History Form

Student Information (Please Print)

Camp Name and Date: _____

Male Female

Student's Full Name _____ Birth Date _____

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/guardians 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 Lake Superior State University 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 LSSU 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 LSSU 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.

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 LSSU to give my child the following as needed (circle):

Tylenol Ibuprofen Pepto Bismol Benadryl None Other _____

(X) _____
Signature of Parent/Guardian

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 LSSU 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:

All relevant policy, plan, and/or group numbers for the health insurance:

Policyholder's name, relationship to student, and address:

Name and address of policyholder's employer:

Work Phone Number (____) _____

If you have HMO, HIS, or PHP insurance, please list emergency phone number for treatment authorization purposes:

If No, you must read and agree to the following acknowledgement of risk statement. Your signature on this form 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 assume responsibility for all costs incurred.

Signature (X) _____ Date _____

Participant Behavior Agreement

Lake Superior State University's 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) 635-2231. 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 summer camps.

X) _____

Signature of Participant

Date

X) _____

Signature of Parent/Guardian

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 overnight participant will be required to turn his/her vehicle keys over to the LSSU 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 Lake Superior State University Summer Camp Program, to travel to and from any / all destinations for the duration 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



Lake Superior State University Photo Release Form

I hereby grant to Lake Superior State University the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of university related photographs of the undersigned person for use in connection with the activities of the university or for promoting, publicizing or explaining the school or its activities of the university or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the university's alumni magazine, on the university's Web site, and public relations/promotional materials, such as marketing and admissions publication. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos taken are without compensation to me (the undersigned).

All electronic or non-electronic negatives, positives, and prints are owned by the university.

I hereby acknowledge that I am 18 years of age or older (or have approval from my parent/guardian) and have read and understand the terms of this release.

Student Name (printed) _____

Parent Name (printed) _____

Parent Signature _____

Date _____