George Fox University Science Camp: Emergency Authorization Form

Full Name _____ DOB _____ Phone _____

Address _____ City _____ State _____ Zip _____

Father _____ Employer _____ Phone: H- _____ W - _____
(Or legal guardian)

Mother _____ Employer _____ Phone: H- _____ W - _____
In case the parents or guardian cannot be reached during an emergency, please contact the following family member, baby sitter or friend:

Name_____ Relation _____ Phone: H- ____-_____ W- ___-_____
Important: You must give written permission to a staff member if anyone other than the camp approved drivers wishes to transport your child to or from a camp activity.

Health History:
Are all immunization, including tetanus, MMR, and small pox up-to-date? Yes _____ No _____

Date of tetanus immunization_____

Are you subject to any of the following:

___ asthma ___ fainting ___ reactions to medications*
___ diabetes ___ convulsions ___ severe reactions to bee stings*
___ heart trouble
* common reaction: _____

Any conditions requiring regular medication? ___ Yes ___ No
Please give further explanation to any items checked above and how your condition should be handled by the camp staff in case you are unable to treat yourself: (use back of page for additional instructions)

_____

_____

Any restriction of activity for medical reasons? ____ Yes ____ No If yes, what are the restrictions?

_____

Do you carry family health insurance ____ Yes ____ No
Carrier- _____ Group # _____

Emergency Authorization:

I hereby verify that all immunizations are up to date, and the above information is complete and accurate to my knowledge. I certify that my child has no physical or mental conditions or injury that would make participation in the science camp program a risk to my child or others. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or health care worker selected by the camp directors at my expense to secure proper medical treatment for, to hospitalize, and to order injection and/or anesthesia and/or surgery for the camper named above. I agree to notify the camp of any changes prior to the camp. To the extent permitted by applicable law, I hold harmless George Fox University, its employees, agents and representatives, for any and all harm, injury, or damage sustained by my child related to participating in this science camp program. To the extent permitted by applicable law, I hereby waive on behalf of myself, my family and my child any and all rights to claims that might otherwise be brought for any and all such harm, injury or damage.

Date _____ Signature of Parent/Guardian _____

Family Doctor: _____ Phone # _____

Family Dentist or Orthodontist: _____ Phone # _____