STUDENT HEALTH FORM

School: _____

Student Name: Last: _____ First: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Address: _____ City: _____ State: _____ Zip: _____

Height _____ Weight _____ Student Age: _____ Student Date of Birth: _____

Emergency Contact: _____

Address: _____

City: _____ State: _____

Phone: _____

Relationship to Student: _____

Health Insurance Co: _____

Policy No: _____

Phone: _____

Family Physician: _____ Phone: _____

Date of Last Tetanus: _____

IMPORTANT: A signature at the bottom of this form by a parent or legal guardian is required for participation at AstroCamp.

EMERGENCY MEDICAL CONSENT: The Student's medical conditions and information stated on this application is complete and correct. I give permission to the AstroCamp camp staff and School chaperones to, (1) administer the Student's routine medications listed in this Application, as well as needed medications and over-the-counter medications for minor illness or discomfort; (2) in case of a medical emergency to provide appropriate first aid for minor injuries; and (3) seek further treatment from local physicians or hospitals if the medical condition warrants. In the event I cannot be reached in an emergency, I also give permission to the physician selected by AstroCamp or the School chaperone to examine, diagnose, and treat or secure proper treatment for the Student and hospitalize, and to order injection and/or anesthesia and/or surgery for the Student, as the physician shall determine proper and necessary under the circumstances. A photocopy of this Authorization shall be as valid and may be accepted as the original. This completed Application may be photocopied by AstroCamp and released to the physicians or hospitals if requested. This Consent is given pursuant to the provisions of California Family Code §6910.

CONSENT AND RELEASE OF LIABILITY: I have been informed of the nature of the AstroCamp program in which the Student is enrolling. I understand that there are risks associated with the Student's participation in camp programs and activities and transportation to and from camp, which can pose a threat of injury or illness. I am familiar with outdoor sports and activities and the Student's abilities and I am not aware of any physical, emotional, or mental problem or limitation that would prevent, impair, or increase the risk of harm involved in the Student's participation in AstroCamp camp activities. I also recognize that AstroCamp cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have or will instruct the Student in the importance of knowing and abiding by the AstroCamp camp rules and regulations. I agree to direct the Student to comply with all AstroCamp rules and policies, and to cooperate with AstroCamp personnel. I understand and agree that if the Student fails to comply with AstroCamp rules or policies, he or she may be expelled from camp and sent home at my, the parent or legal guardian's, expense.

With this knowledge and understanding, I grant permission for the Student to participate in all AstroCamp camp activities and on behalf of the undersigned and the Student, I accept and assume the risk and full responsibility for injury and illness or loss of personal property or other damage, and medical or other expense that may result from the Student's presence or participation in the activities at AstroCamp camp.

I hereby release and discharge Guided Discoveries, Inc., AstroCamp, and their agents and employees from liability to us and to the Student for any and all loss, damage, and expense and any illness or injury to person or property, resulting from the Student's travel to or from AstroCamp and participation in the camp activities and programs.

I give permission for AstroCamp to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote or advertise AstroCamp or Guided Discoveries programs or camps.

SIGNATURE: _____

Parent/Legal Guardian

Please Print Name: _____ **Date:** _____

Rules for acceptance and participation in Guided Discoveries, Inc. programs are the same for everyone without regard to race, color, national origin, sex, or handicap.

DIETARY NEEDS:

Vegetarian___ Vegan___ Lactose-Intolerant___ Gluten-Free___ Other___

FOOD ALLERGIES: Please Describe:

CHECK OFF: All applicable health issues:

___ Allergies*	___ Allergy – Bee Sting*
___ Asthma	___ Backaches/Weak Back
___ Car/Sea Sick	___ Bowel/Bladder Problems
___ Diabetes	___ Epilepsy/Convulsive Disorder
___ Hay Fever	___ Headache
___ Heart Trouble	___ Poison Oak
___ Sinus Issues	___ Respiratory Problems**
___ Sleep Walking	___ Vomiting

*Is your child currently prescribed an EpiPen for allergies? YES___NO___. **If YES, the EpiPen must accompany your child to camp in order to participate in activities.**

Does your child require an inhaler(s) on a daily basis and/or for exercise-induced activities? YES ___ NO___. **If YES, the inhaler(s) must accompany your child to camp in order to participate in activities.

Please specify with YES or NO for each medication that can be administered to your child.

_____ Pepto Bismol (upset stomach)
_____ Milk of Magnesia (for constipation)
_____ Ibuprofen (minor aches pains; fever)
_____ Throat Lozenge/Cough Drop
_____ Benadryl (allergy)
_____ Caladryl (for skin rash)
_____ Aceteminophen (headaches/elevated temperatures)

Is the student required to take regular medication?

YES _____ NO _____

☆ All medications are administered by the chaperones from the student's school. Please provide instructions (dose) for administration of medication.

WHAT IMPORTANT MEDICAL NEEDS SHOULD ASTROCAMP BE AWARE OF? PLEASE EXPLAIN IN DETAIL.

(Attach additional sheet if necessary.)