



Camper Health Form

Camper First Name:		Camper Last Name:	
Date of Birth (MM/DD/YYYY):	Camper Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade (2024-2025):	
Street Address:	City, State, Zip:	Camper Resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	
Parent Cell Phone (including area code):		Parent Home Phone (including Area Code):	

Insurance Information

Insurance Company Name:	Policy Number:	Group Number:
Policy Holder Name:	Policy Holder Date of Birth:	Relationship to Camper:

Camper Health Info:

Allergies (bee stings, bug bites, food, medication, etc): 	
Have you had any of the following conditions? Y N Asthma Y N Back Pain Y N Seizures Y N Heart Conditions Y N Fainting Y N Chronic Illness Y N Sleep-walking Y N Diabetes Y N Hearing-impaired Y N Psychological Disorder Y N Vision-impaired Y N Other	What is the best way to treat anything marked YES on the left? _____ _____ _____ _____ _____ _____
List current medications (name, dose, frequency) _____ _____ _____ _____ _____	List any Physical, mental or emotional conditions that may restrict activities & indicate how to accommodate. _____ _____ _____ _____ _____

Emergency Contact Information

****We will contact the parent/guardian on reverse FIRST, then contact the person indicated below if parent/guardian is unreachable****

Emergency Contact Name:	Relationship to Camper:
Home Phone (with area code):	Cell Phone (with area code):

The undersigned represents that he/she is the custodial parent/legal guardian of the identified participant. The camper has my permission to attend the **Summer Games/SGUcamp 2025 July 7-11, 2025** This permission is given by me with full knowledge of the conditions and activities contemplated during each session. The participant has no physical or mental disabilities that would impair their participation except as noted above. I will not hold the camp or camp personnel liable for injuries suffered as a result of the campers own voluntary actions.

I give permission and consent for my camper to participate in all activities and to allow photographs, videotapes, and interviews to be taken during the camp session and to be published and used to illustrate, report, promote, and advertise the camp. Use of any such photographs, videotapes, or interviews may include, but are not limited to, use in websites, catalogues, brochures, flyers, and general promotional materials.

I give my consent for my camper to receive over-the-counter medications for common ailments, such as Tylenol, hydrocortisone cream, etc.

I understand that Summer Games is not responsible for lost, stolen or damaged personal items and that my camper is responsible for the safe-keeping and protection of personal items at all times.

I understand that camp insurance is an accident policy, not a medical illness policy, and is a supplemental policy only. It will pay whatever my own insurance does not cover (deductible or over) up to the limit of the policy. If medical (sickness, injury) care is needed, billings will be sent to the parent-guardian who will be responsible for direct payments to physician, hospital, clinic, etc.

The participant is currently taking only medications listed on this form. The camper has no allergies known to me except those noted on this form. The health history is correct as far as I know.

In the event of illness or injury, I authorize the physician and/or hospital to undertake such treatment of and perform such services (including surgical) for the participant as are reasonably indicated by the circumstances.

My camper will be riding home with: _____

Parent/Guardian Signature: _____

Date: _____

Camper Signature: _____

Date: _____

