Student Health Form School: _____

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

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

Parent/Guardian: _____ Cell Phone: _____

Work Place: _____ Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ 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.

MEDICAL CONSENT: The student's medical conditions stated on this application are complete and correct. I hereby give permission to ASTROCAMP personnel to administer first aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by ASTROCAMP personnel to examine, diagnose, and treat or secure proper treatment for the student as the physician shall determine what is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

PARENTAL AUTHORIZATION: I have been informed of the nature of the ASTROCAMP program in which the student is enrolled. I understand that there are risks associated with the student's participation in the program activities and transportation to and from the camp, which can pose a threat of injury, illness, or death. The undersigned is 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 risks involved in the student's participation in ASTROCAMP activities.

With this knowledge, I grant permission for the student to participate in all camp activities and on behalf of the undersigned and the student, I accept and assume the risk and full responsibility for injury, illness, death, or loss of personal property or other damage, and medical or other expense resulting from the student's presence at ASTROCAMP.

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 losses, damages, and expenses and any injury to person or property, including death, resulting from the student's travel to or from ASTROCAMP and participation in the program.

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 the rules and policies, he or she may be expelled from ASTROCAMP and sent home at my, the parent or legal guardian's, expense.

I give permission and consent for my child to allow photographs and video to be taken during ASTROCAMP school-year programs. I further give permission and consent that any such photographs and video may be published and used by Guided Discoveries to illustrate and promote its camp and school-year programs in any and all media now or hereafter known, for illustration, promotion, art, and advertising.

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.

Student Age____ Height____ Weight____ Grade____

DIETARY NEEDS:
Vegetarian___ Vegan___ Lactose-Intolerant___ Gluten-Free___ Other___

FOOD ALLERGIES: Please Describe:

CHECK OFF: All applicable health issues:

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

* Has your child been 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
_____ 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).

Return to School