

# Summer Health & Emergency & Insurance Information

Student's Name : \_\_\_\_\_ Lives with  both parents  Mom  Dad  Other

An Emergency Contact Name OTHER THAN PARENTS:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ CELL: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ CELL: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ CELL: \_\_\_\_\_

Are the above named authorized to pick-up student/camper from campus?  YES  NO if no, who \_\_\_\_\_

Do you consider your child to be in good health generally?  Yes  No - If no, please explain below.

Are your child's immunizations all current?  Yes  No If not, please explain in the space below?

All prescription medicines must have an accompanying written statement from the physician detailing the purpose and method of dispensing the medication. Prescription medications must be labeled clearly and in the original dispenser.

Check applicable conditions or allergies

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Penicillin       | <input type="checkbox"/> Bee Stings      | <input type="checkbox"/> Drug Allergies   | <input type="checkbox"/> Convulsions                  |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Poison Oak      | <input type="checkbox"/> Rheumatic Fever  | <input type="checkbox"/> Hearing Aid                  |
| <input type="checkbox"/> Seizures         | <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Tuberculosis     | <input type="checkbox"/> Emotional Problems?          |
| <input type="checkbox"/> Mental Problems? | <input type="checkbox"/> Food Allergies? | <input type="checkbox"/> Ever Passed out? | <input type="checkbox"/> Allergic to any medications? |

Please explain any items checked (attach an additional page if necessary) or any other important medical issues.

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Has your child had a tetanus shot?  Yes  No - Date of last tetanus shot? \_\_\_\_\_

**The below information is required to attend camp.** The Athenian School does not provide international students any form of insurance against accident, injury, illness or death. Parents must ensure that their son or daughter is fully covered for any medical expenses which may be incurred during their stay in the United States. Parents are responsible for all medical costs incurred during the summer program regardless of cause.

Name of your child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance CO: \_\_\_\_\_ or Travel Insurance Co: \_\_\_\_\_

Group or Policy #: \_\_\_\_\_ Phone Number of Insurance Co: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**Over the counter medications:**  YES, I Do give consent  NO, I do not give consent

I (see above boxes) give permission to The Athenian School to dispense any over-the-counter medications, (e.g. Tylenol, Advil, Midol, throat lozenges, etc.) that the school nurse/employee or counselor deem necessary during school/camp hours.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Guardian

I hereby authorize the release of any medical information which might be needed in connection with payment for medical services. I understand I am financially responsible for all fees not covered by The Athenian School or my own medical coverage.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Guardian