

SUMMER CAMP AND CONFERENCE OVERNIGHT REGISTRATION FORM AND HEALTH FORM

Camp Name: _____

Date of Camp: _____ to _____

Last Name: _____ First Name: _____

Home Address: _____
Street City State Zip

Home Telephone Number: (____) _____ Date of Birth: _____
(for those under the age of 18 – Day/ Month /Year)

E-Mail: _____ Year in school: _____

Sex: Male / Female Circle One: Camper Adult Leader/Chaperone

Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Work Telephone: (____) _____ Cell Phone: (____) _____

Address: _____
Street City State Zip

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

Parent(s) or Legal Guardian:

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin – Parkside, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by designated camp health staff with the exception that controlled drugs (i.e. Codeine, Ritalin, Adderall, Dexedrine, etc.) must, by law, be administered by camp health staff.

All prescription medication must be in the original medicine bottle and labeled with the camper's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. You must also complete the form below:

- No medication(s) have been brought to camp.
- I want the medication or medical devices self-administered (age 14 or above only).
- I want the medication or medical device administered by the designated camp staff. However a limited amount of medication for life-threatening conditions may be carried by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

If your son, daughter, or ward will be under the age of 18 years while at camp, it is the policy to secure your consent for all of the following. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Parkside, their officers, agents, and employees for any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my son, daughter, or ward in the course of the camp/event.

Name of Insurance Co: _____ Policy Number: _____

Date of Last Tetanus Booster: _____

Medications Camper will be taking at camp:

Name of Medication	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Health Conditions (check):

- Asthma
- Diabetes
- Epilepsy
- Other Conditions _____

Allergies (check & state specifics):

- Insect stings _____
- Foods _____
- Medications _____
- Other Allergies _____

Signature of Parent or Legal Guardian

Date

