



STUDENT HEALTH FORM

School: _____

****You may hit TAB to go between fields

Student Name: Last: _____ First: _____ Gender: M F

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

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

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

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

<p>Emergency Contact:</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Phone: _____</p> <p>Relationship to Student: _____</p>	<p>Health Insurance Co: _____</p> <p>Policy No: _____</p> <p>Phone: _____</p> <p>Family Physician: _____ Phone: _____</p> <p>Date of Last Tetanus: _____</p>
--	---

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, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of AstroCamp facilities, services, equipment and premises ("Facilities") and any participation in AstroCamp programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) disease including exposure to, contracting, or spreading COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that AstroCamp, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees"), will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in 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:

<input type="checkbox"/> Allergies*	<input type="checkbox"/> Allergy - Bee Sting*
<input type="checkbox"/> Asthma	<input type="checkbox"/> Backaches/Weak Back
<input type="checkbox"/> Car/Sea Sick	<input type="checkbox"/> Bowel/Bladder Problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy/Convulsive Disorder
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Headache
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Poison Oak
<input type="checkbox"/> Sinus Issues	<input type="checkbox"/> Respiratory Problems**
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> 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 by checking off 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 ASTRO CAMP BE AWARE OF? PLEASE EXPLAIN IN DETAIL.
 (Attach additional sheet if necessary.)