



### HEALTH FORM

Name: \_\_\_\_\_  
Last First Middle Initial

Street Address (Number and Street)

City State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If not available in an emergency, notify:

- 1. \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. \_\_\_\_\_ Phone: \_\_\_\_\_
- 4. \_\_\_\_\_ Phone: \_\_\_\_\_

#### Health History: (Check, giving approximate dates)

Allergies: \_\_\_\_\_

#### Current Medications:

Name	Dosage	Frequency	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last Tetanus Shot: \_\_\_\_\_

Operation or Serious Injuries (and dates):

\_\_\_\_\_

Chronic Recurring Illnesses or Athletic Injuries (and dates):

\_\_\_\_\_

#### Medical Insurance Information

This section must be completed before the minor will be allowed to participate in activities.



Insurance Company: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED ONLY FOR THOSE WHO DO NOT HAVE MEDICAL INSURANCE:**

In the event there is no medical insurance, the Indiana University of Pennsylvania Foundation requires that parents/guardians agree to incur the cost of medical expenses of their child. If there is no medical insurance, please complete the section below:

I, \_\_\_\_\_, agree to be financially responsible for all medical costs incurred by my child, \_\_\_\_\_ at \_\_\_\_\_ (event name).

Parent/Guardian Signature: \_\_\_\_\_

**A Note to Parents/Guardians without Medical Insurance:** You MUST sign where indicated if you carry no medical insurance on the participant. Those without a signature will be returned, and registration will be held until a signature is obtained.

**PARENT'S AUTHORIZATION**

**Liability Release:** I, the undersigned, individually and as a parent/guardian of the participant named on the front of this form, a minor, ask that they be admitted to participate in the academic program through the Indiana University of Pennsylvania (IUP). I do hereby agree to release, discharge and hold harmless IUP, IUP Foundation, their owners, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving said minor arising out of the minor's attendance at the academic program or in the course of competition and/or activities held in connection with the academic program.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities.

I give full permission to IUP to medically treat my child. In the event I cannot be reached in an **emergency**, I hereby give permission to IUP's medical personnel to administer medication. I also give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A Note to Parents/Guardians:** You MUST sign and date where indicated. Those without a signature will be returned, and registration will be held until a signature is obtained.