

**UNIVERSITY OF WISCONSIN-GREEN BAY - SUMMER YOUTH CAMPS
HEALTH INFORMATION FORM and LIABILITY RELEASE**

BOTH pages of this form **must** be brought with the camper to check-in. **If you are attending multiple camps at UWGB, you still need to submit a separate health form for each camp that you attend at check-in.**

Sections I through V MUST be completed before a camper will be allowed in Camp. ABSOLUTELY NO EXCEPTIONS.

Campers are encouraged to have their own health insurance, as only **limited accident** insurance is provided by the university.

I. NAME OF SUMMER CAMP ATTENDING _____ DATES _____

Camper's Name _____ Birthdate _____ Gender _____

Camper Cell Phone _____

Home Address _____
and street _____ city _____ state _____ zip _____

Parent or Guardian _____ telephone (day) _____ (eve) _____

Parent(s) Cellphone #'s _____

Insurance Carrier Name _____ Insurance Group ## and Policy ## _____

Relative/Other Responsible Party _____ telephone (day) _____ (eve) _____

II: Camper's Health Status: Has the camper ever had:

No	Yes	Allergies: If yes, list _____
No	Yes	Asthma _____
No	Yes	Bleeding Disorder _____
No	Yes	Depression _____
No	Yes	Diabetes _____
No	Yes	Emotional Disorder _____
No	Yes	Fainting/Dizzy spells _____
No	Yes	Heart condition _____
No	Yes	Medication Allergies: If yes, list _____
No	Yes	Seizure disorder _____

Other: _____
No Yes Does the camper wear glasses or contacts? _____

III. Medications:

If your child takes **prescription medication** please list it here. Bring the medication to check-in in its **original container** labeled with the camper's name and specific dose as prescribed by the physician. The medication will be stored in the Head Counselor's office. All medication with the **exception of insulin, inhalers, and emergency medications** will be administered by appropriate UWGB camp health personnel. **Parents: Please contact the Camp Coordinator, 920-465-2267 or summercamps@uwgb.edu at least two weeks prior to the camp's start date if a medication needs to be administered by injection.**

I hereby authorize UWGB camp staff to administer the following medications to my child.

Name of medication	Dose/Administration instructions	Reason why medication is needed

X

Signature of parent or guardian

date signed

If your child takes **non-prescription (over-the-counter) medications** for such things as allergies, headache, menstrual cramps etc. medications will be kept in the Head Counselor's office and administered by appropriate UWGB camp health personnel. We ask that you sign below and indicate by (✓) which medications we can administer to your child. **DO NOT send the following medications to camp with your child, as they will be supplied by the camp if needed.**

I hereby authorize UW-GB camp staff to administer the following medications to my child.

Name of medication	Dose/Administration instructions	Reasons why medication is needed
Tylenol		
Ibuprofen		
Decongestant		
Robitussin		
Midol		
Cough drops		
Benadryl or antihistamine		

X

Signature of parent or guardian

date signed

IV. Immunization dates:

Tetanus/diphtheria (Td) _____ MMR (measles, mumps, rubella) _____, _____
Or Tdap

V. EMERGENCY AND NON-EMERGENCY MEDICAL AUTHORIZATION and LIABILITY RELEASE

I hereby authorize the University Health Service to provide non-emergency care to my child as needed. In addition, I authorize the emergency center physician and/or the physician on call, the emergency center staff and hospital staff itself to order any surgical or medical treatment, blood transfusions, anesthesia, or medication they may deem advisable for emergency care and treatment with the exception of _____
(if acceptable as stated, write "NONE" or leave blank) while my child is attending the University of Wisconsin-Green Bay Summer Camp.

X

signature of parent or guardian

date

I certify that to the best of my knowledge the above information is true and correct, and the student can safely participate in the UW-Green Bay Summer Camp Program.

Furthermore, as parent/guardian of a participant in the camp/clinic, I hereby state that I am aware of and accept the risk inherent in the program activity. I do hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin system, and the University of Wisconsin - Green Bay, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp/clinic.

X

Participant name - please print

Signature of Parent/Guardian

Date

Address