

BELLIN COLLEGE SUMMER CAMP

HEALTH INFORMATION FORM and LIABILITY RELEASE

Sections I through V **MUST** be completed before a student will be allowed to attend camp.
ABSOLUTELY NO EXCEPTIONS.

I. NAME OF SUMMER CAMP ATTENDING: Bellin College Summer Camp **DATES** _____

Camper's are encouraged to have their own health insurance, as **limited** accident insurance is provided by the college.

Camper's Name: _____ Birth Date: _____ Gender: _____

Name on Nametag (PRINT): _____

Address: _____
Street City State Zip

Parent/Guardian Name: _____ Parent Email: _____

Parent/Guardian Phone: _____ Alt Phone: _____

Emergency Contact Alt Phone: _____ Alt Phone: _____

Insurance Carrier: _____

Insurance Group ## and Policy ##: _____

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	Diabetes
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 with the Summer Camp nurse or staff person. All medication except for insulin, inhalers, and emergency medications will be administered by appropriate Bellin College Summer Camp personnel. Parents: Please contact Admissions Department at (920) 433-6650 or admissions@bellincollege.edu prior to the camp's start date if a medication needs to be administered by injection.

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

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

If your child takes **non-prescription {over the counter} medications** for such things as allergies, headache, menstrual cramps etc. medications will be kept with the Bellin College Summer Camp staff until needed. 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.

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

Medication	Dose/Administration Instructions	Reason why medication is needed
Tylenol		
Ibuprofen		
Benadryl/Antihistamine		

Signature of parent or guardian: _____ **Date Signed:** _____

IV. Immunization dates:

*Td and MMR are required for participation. Covid is NOT required. If you do not have these immunizations, please contact admissions@bellincollege.edu. Immunization records can be found through the WI Immunization Registry (WIR) or through the student's primary care provider.

Covid-19: _____, _____ MMR (measles, mumps, rubella): _____

Tetanus/diphtheria (Td): _____, _____

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

I hereby authorize Bellin College staff 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 except for _____

(If acceptable as stated, write "NONE" or leave blank) while my child is attending the Bellin College Summer Camp.

I authorize Bellin College Summer Camp staff to provide the following:

- Medical care will be given at the nearest facility when the student is participating in Bellin College Summer Camp activities.
- Bellin College Summer Camp can provide transportation as needed to attend camp and other activities.
- Bellin College Summer Camp staff can administer any medication as authorized by the parent or guardians while the student is participating at camp activities.

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 Bellin College 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 Bellin College Board of Trustees, Bellin Health and Bellin College, 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.

Signature of Parent/Guardian: _____ **Date:** _____

Address (if different than participant): _____