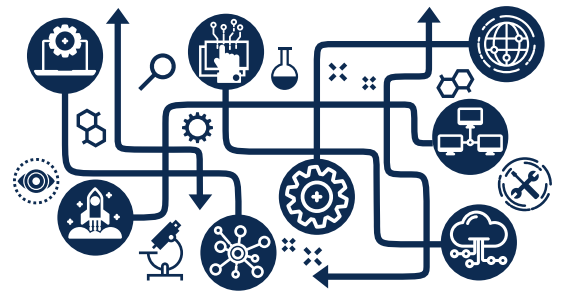


# SCITECH SUMMER CAMP



## SUMMER CAMP MEDICAL RELEASE FORM

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Cell Number: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

**Medical Consent:** I hereby give my permission for my child to receive any medical attention, including preventive, routine, and emergency care, as deemed necessary by qualified medical personnel, in the event such treatment is necessary.

### Medical History:

Does the student have any special dietary needs staff should know about?  Yes  No

If yes, please list: \_\_\_\_\_

Does the student have any allergies, including food, which staff should know about?  Yes  No

If yes, please list: \_\_\_\_\_

Is the student currently taking any medication?  Yes  No

If yes, please list: \_\_\_\_\_

Please state any medical conditions staff should know about (i.e. asthma, diabetes, etc.): \_\_\_\_\_

\_\_\_\_\_

### Contact Information:

Name of Contact:
Relationship:
Phone:

Name of Contact:
Relationship:
Phone:

In consideration of above mentioned student being permitted to participate in the UAFS Summer Camp, the undersigned agrees to indemnify and hold the University of Arkansas – Fort Smith, its employees, agents, and representatives harmless from all suits, claims, demands, liabilities, and damages of every kind of character arising out of or in connection with the participation of above mentioned student in the above referred program, and releases the above named parties from any and all liabilities. As a parent/guardian, I understand that I will be primarily responsible for any medical costs incurred.

I do hereby give the UAFS permission to see medical aid for my child in the event of illness or accident. I do also grant permission for the doctor/hospital to treat my child in the event of illness or accident.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date