



# Virginia Beach Sea Camp

## HEALTH FORM

We use information on this health form primarily for prevention of potential health issues that might occur on Sea Camp programs. This is also information that Sea Camp staff, EMT's, emergency first responders and or emergency room doctors would need to know about your child in the event of an emergency.

Camper's Name:	_____ (First)	_____ (Middle)	_____ (Last)
Date of Birth:	_____		
Camper Address:	_____		
Legal Guardian's Name :	_____		
Guardian Phone:	_____ (Cell)	_____ (Home)	_____ (Work)
<u>Emergency Contact</u> <i>in case guardian listed above can't be reached during an emergency:</i>			
Name:	_____	Relationship to Camper:	_____
Emerg Contact Phone:	_____ (Cell)	_____ (Home)	_____ (Work)

\*Please describe any medical problems or conditions that emergency medical personnel would like to know in the event your child needed treatment.

\*Please list all prescription medicines your child currently takes (include inhalers and allergy medicines) and include dosage/frequency information:

\* Please list any allergies that your child has and describe their reaction.

\* Please list any other health information that we should know about your child.

\*\*\*\*Please see back\*\*\*\*

PARENT CERTIFICATION AND MEDICAL AUTHORIZATION: In the event of accident, illness or injury to my child, I understand that Virginia Beach Sea Camp will work to contact me as soon as possible. I authorize Virginia Beach Sea Camp to obtain emergency or other medical treatment for my child as deemed necessary, including administration of an anesthetic or other medication and surgery, and I assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of Virginia Beach Sea Camp to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable.

Camper's Name: \_\_\_\_\_

\_\_\_\_\_  
*Parent / Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Relationship to Camper*

PHOTO RELEASE: I grant permission for Virginia Beach Sea Camp to photograph my child's participation in the camp. I grant Virginia Beach Sea Camp license to reproduce, copy, display, perform, or otherwise use images, footage or student quotations from the program in print or our web site. Names of campers *will not be used in any instance*, nor will contact information be shared with any party.

Camper's Name: \_\_\_\_\_

\_\_\_\_\_  
*Parent / Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Relation to Camper*