

COTTONWOOD CROSSING SUMMER INSTITUTE

PLEASE PRINT

Fill in the following information regarding health insurance and medical history for the student participating in Cottonwood Crossing Summer Institute.

Student Name: _____ Date of Birth: _____

Emergency Contact: _____ Phone number: _____

Health Insurance Information:

Insurance Provider: _____	Policy Number: _____
Name of Insured: _____	Relationship to Student: _____

Describe any health problems or relevant information that the Activity leaders should be aware of _____

List medications currently being used _____

List known allergies (food, medication, insect stings) _____

Year of last tetanus booster: _____

I know of no health reason(s) other than information indicated on this form, why the student should not participate in the Activity.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Should a medical emergency arise during participation in the Activity we consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility, and
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Parent or Guardian (print name): _____

Parent or Guardian Signature: _____

Date: _____

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

Please complete all applicable sections of this form.