

HEALTH FORM 2025
Due BEFORE MAY 15, 2025

Session _____

The information requested below will enable the director and staff to understand and serve your child's needs while at camp and will facilitate any medical attention required due to illness or injury. It is therefore of vital importance that this statement be completed and signed by you and your physician. PLEASE BE COMPLETE AND HONEST, FOR THE BENEFIT OF YOUR CHILD.

Child's Name _____ Birth Date _____ Age _____

Address _____
City, State, Zip _____

Parent/Guardian 1 Name _____ Work Phone (____) _____ Cell(____) _____

Parent/Guardian 2 Name _____ Work Phone (____) _____ Cell(____) _____

Place of Employment Parent 1 _____ Parent 2 _____

Name and telephone number, we should call in an emergency if we could not reach either parent:

Name _____

Phone (____) _____

TO BE COMPLETED BY PHYSICIAN

Date of last examination by physician _____

Physician's Name _____ Phone (____) _____

Address _____

Height _____ Weight _____

Are all immunizations and boosters current? _____ Yes _____ No (if no, please specify below)

Restrictions on activities: None _____ Sports _____ Swimming _____ Other _____
(Please Specify)

Restrictions on diet _____

Allergies: (Please List) _____

Please list health conditions and ALL prescribed and OTC medications (Examples: Diabetes, epilepsy, chronic sore throats or stomach trouble, ADHD, Depression, sleepwalking, Mental Health Diagnoses, Anxiety, Physical disabilities, Autism, etc.).
_____ Yes _____ No **(If yes, list each condition/diagnosis and all corresponding medication and/or assistive devices for each).**

☒ Physician's Signature _____ Date _____

☒ Parent's Signature _____ Date _____

TO BE COMPLETED BY PARENT

Note: Signature REQUIRED in TWO places BELOW for acceptance of application.

Child's Name _____

Please provide any information that would help the College for Kids staff better understand and relate to your child: Please include information related to your child's mental health, behavioral health (including school disciplinary incidents from the most recent school year), physical health conditions and/or limitations. If your child has recently stopped taking, will stop taking, or will change prescribed medication prior to attending CK, please list that information below. For any matters listed, please contact the director of CK to discuss your child prior to your application. This communication is necessary in order to ensure that CK staff are best able to serve all campers.

PROOF OF INSURANCE (mandatory for acceptance to program)

Name of Insurance Company _____ Policy # _____

Name of policy holder _____

Policy holder's social security # _____ (If needed for use of the policy.)

PERMIT AND RELEASE

_____ (my child) has my/our permission to participate in classes, activities, and field trips with College for Kids Faculty and Staff. I/we also grant permission for College for Kids or its designee to photograph, record, video tape my child, use verbal or written material created by or related to my child during College for Kids activities and to use those materials for promotional or other purposes chosen by College for Kids Board of Directors. I/we authorize and designate the College for Kids staff to act as my agent in obtaining medical or dental treatment for my child by a licensed physician/dentist and/or hospital if illness or injury occurs while he/she is at camp. I/we also grant permission for medical personnel to obtain any information necessary to provide effective medical treatment of my/our child. I/we further agree (i) to indemnify and hold harmless and forever release the College for Kids, A Summer Exploration, Inc. director, staff, College for Kids Advisory Council and Board of Directors, cooperating sponsors, and Columbia College, any and all claims, demands, causes of action or suits for injuries or damages resulting from any incident that might occur in connection with my child's attendance at, enrollment in, and/or application to College for Kids, A Summer Exploration, Inc.

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

Signature REQUIRED ABOVE for Acceptance of Application

MEDICATION INSTRUCTIONS AND AUTHORIZATION

1. Prescription Medications must be in the original container from the pharmacy. Indicate dosage and schedule below. If your child is currently taking medication, please call CK in advance to ensure proper procedures are followed.

Name of Medication _____

Dosage and schedule _____

Additional instructions regarding prescription medication _____

2. Non- Prescription over –the-counter medication (Such as Tylenol, Pepto-Bismol, etc.) To be administered as needed per dosage directions for child's age and weight with **SIGNATURE below.**

PLEASE NOTE: This form MUST be signed BELOW to ensure proper medical attention during camp. I/we hereby authorize the staff of College for Kids to administer general first aid treatment, non-prescription medications, emergency medical assistance, and prescription medications as per the above instructions, to my/our child while he/she is at camp.

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

Signature REQUIRED for Acceptance of Application

ALL MEDICATIONS MUST BE IN THE ORIGINAL BOTTLE WITH THE NAME OF THE MEDICATION AND DOSAGE FROM PHARMACY. ALL MEDICATIONS MUST BE HOUSED WITH THE MEDIC DURING CAMP AND RECORDED ON THIS FORM (UPDATED IF NEEDED AT CHECK-IN.