

**Crossroads Academy Summer Program Emergency Health Information 2016**  
**Both sides to be completed by parent prior to the start of session**

Student \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Does the school need to have child custody information? Yes\_\_ No\_\_

\*If yes, please attach current legal documents stating custody agreement.

List 3 relatives or friends who would pick up your child in an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Camp Policy on Injury, Illness and Extended Care in the Event of an Emergency:**

There is not a nurse on campus during these sessions. If a child is unable to function well in camp activities because of an injury or illness, and the injury or illness does not appear to be of an emergency nature, a counselor will contact the parent and request that the parent pick up the child from camp as soon as possible. If the parent is unavailable, the same request will be made of those identified as a friend or relative. If pick up is not possible, a counselor will care for the child in the administrative/health area. Children will be released only to a parent, emergency contacts, or regular car pool drivers.

If the illness or injury appears to be of an emergency nature and immediate contact with the parent is not possible, the counselor will contact the physician listed on the emergency form. Depending on the extent of the illness or injury, an emergency rescue squad will be called for treatment and if necessary, hospital transport. All related medical expenses are the responsibility of the parents.

I have read completely the above information and give consent for Crossroads Academy to act accordingly.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name, please print \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**(Please complete both sides)**

Insurance Co. name and number\_\_\_\_\_

Date of last Pediatrician visit\_\_\_\_\_

**Please attach a copy of your child's immunization record** (Current Crossroads students do not need to submit immunization record)

Dentist's name\_\_\_\_\_ Phone\_\_\_\_\_

List any medical conditions such as diabetes, epilepsy, asthma, ADHD, significant illnesses or injuries:\_\_\_\_\_

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List any Allergies, including food and insect stings

Current Medication(s)\_\_\_\_\_

\*If any medications, including emergency meds and inhalers, will be needed during camp hours, please complete the appropriate forms available through the administrative office.

Emergency Medication(s) (ie. for bee stings, food allergies)\_\_\_\_\_

Student use an inhaler? No\_\_ Yes\_\_ Type/Medication\_\_\_\_\_

Will he/she be needing an inhaler in camp?\_\_\_\_\_

Are there any health problems that would require camp modifications for your child's participation in camp activities? No\_\_ Yes\_\_

If yes, please explain:\_\_\_\_\_

Student wear glasses? No\_\_ Yes\_\_ Any other vision problems\_\_\_\_\_

Student have a hearing aid? No\_\_ Yes\_\_ Any other hearing problems\_\_\_\_\_

List any problems with psychiatric, social or behavior issues

Names and ages of siblings\_\_\_\_\_

The information on this form may be shared with my child's camp counselors on a need to know basis

Yes\_\_\_\_\_ No\_\_\_\_\_ Comment: