

2011 Space Voyage Academy Medical Form

Consent For Medical Treatment For Minor Aged Visitors

(Parents, please complete this form for your child along with the Medical Waiver.
Please mail this to: SVA 1504 South Johnson Court, Lakewood, CO 80232)

In order to provide your child medical care in the event of illness or injury, you are requested to complete this form.

Student's Name _____ Grade _____ Birth Date _____

Address: _____
Street City State Zip Code

Academy Week(s) attending; (Circle) 1 2 3 4 5 6 7 8 9

Father's Name: _____

Telephone Numbers: Home= _____ Work= _____ Cell= _____

Mother's Name: _____

Telephone Numbers: Home= _____ Work= _____ Cell= _____

Other Contact; _____ Phone: _____

Family Physician: _____ Phone: _____

Where is this child staying at the time of the camp? With Parents _____ Other _____ (please specify)

Insurance information:

Carrier: _____ Plan #: _____ Policy #: _____ Effective Date: _____

Medical History:

1. Date of last tetanus booster: _____

2. Does your child have any allergies to medications, foods or insect stings? NO YES

If yes, please explain: _____

3. Is your child under the care of a health care provider for a medical problem? NO YES

If yes, please explain: _____

4. Is your child taking medication prescribed by a health care provider? NO YES

If yes, please explain: _____

5. Other Information we should be aware of: _____

Parental Permission: I give permission for such First Aid procedures as may be deemed necessary for my son/daughter by Space Voyage Staff and any other medical facility. I understand that any health care facility will make every reasonable attempt to contact me first, time and conditions permitting. I agree to be responsible for all charges incurred.

Signed: _____ Relationship: _____ Date: _____