

2012 Space Voyage Academy Medical Form

Consent For Medical Treatment For Minor Aged Visitors

Please complete and mail with SVA Liability Waiver to: Space Voyage, 1504 South Johnson Court, Lakewood, CO 80232
Your child's registration is not complete until we have this form on file. We are required to collect this information
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 _____ Date of Birth _____

Address: _____
Street City State Zip Code

Space Voyage Academy Week(s) Attending: (Circle) 1 2 3 4 5 6 7

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. As parent/guardian, I do indemnify, defend and hold harmless, Space Voyage Academy, Jefferson County Public Schools, Space Voyage Simulations, its officers, employees, agents, instructors, and all participants in the academy program from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from negligence and/or the student taking part in program activities.

Signed: _____ Relationship: _____ Date: _____