

# Medical Form for Space Voyage Summer Camp

## Consent For Medical Treatment For Minor Aged Visitors

Please complete and mail this form along with the Medical Waiver to:

Space Voyage, 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

Camp Week(s) attending: (Circle) 1 2 3 4 5 6

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, or insect stings? NO YES If yes, please explain below:

3. Does your child have any food allergies? NO YES If yes, please list them below:

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

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

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

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

6. Does your child have any special needs or other Information we should be aware NO YES

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

**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 Summer Camp, Jefferson County Public Schools, Space Voyage Simulations, its officers, employees, agents, instructors, and all participants in the program and camp 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: \_\_\_\_\_