



YOUTH SCIENCE ADVENTURE CAMP HEALTH FORM

PARENTS PLEASE FILL OUT BOTH SIDES OF THIS FORM AND BRING THIS FORM TO BIG CREEK

Camper Name: _____

Parent Name: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Phone: _____

Camp: _____ Date: _____

Do you have any medical problems that we need to know about? YES ___ NO ___

If yes, specify on the second page of this form (asthma, epilepsy, diabetes, physical challenge, bee/wasp sting allergies, etc.).

Do you have any allergies to drugs or medication? YES ___ NO ___

If yes, please specify on the second page of this form.

Do you have special dietary restrictions? YES ___ NO ___

If yes, please specify on the second page of this form.

Are you taking any medications or bringing any to camp? YES ___ NO ___

If yes, please specify on the second page of this form.

What is the date on your most recent tetanus shot? _____

Do you have any limits on your physical activity? YES ___ NO ___

If yes, please specify on the second page of this form.

Doctor's Name: _____ Phone: _____

Covered by medical insurance? YES ___ NO ___

Company Name: _____

Insurance Group Number: _____

In addition to parents or guardians, name two relatives, neighbors or friends who may be called in case of emergency.

Name	Relationship	Phone
1. _____		
2. _____		

The Glacier Institute

♦ 137 Main Street ♦ P.O. Box 1887 ♦ Kalispell, MT 59903 ♦ Tel: (406) 755-1211 ♦
♦ Fax: (406) 755-7154 ♦ www.glacierinstitute.org ♦ register@glacierinstitute.org ♦



If you are below the legal age of consent (18 years) the law requires that we have your parent's permission to give medical service should the need arise.

The undersigned, who is one of the parents having legal custody, or the legal guardian, of the student named above, hereby authorizes the adult chaperone, teacher, or other personnel of The Glacier Institute, to consent to any X-ray, examination, anesthetic, medical treatment or special supervision and on the advice of a physician or surgeon licensed under the provision of the Medical Practice Act. For any illnesses or injuries, The Glacier Institute will attempt to contact me before my son/daughter is treated at any medical office, unless such treatment is so urgent it must be done before contact is made. If I cannot be reached, this authorization is effective. I, also, agree to assume any financial responsibility for my child's care.

I hereby release and hold harmless The Glacier Institute, and their agent or agents, from any or all claims by reason of an accident, illness, injury or other consequences arising directly or indirectly from my child's participation at Big Creek Outdoor Education Center. In case of accident or illness, I will bear the cost of any evacuation procedures and medical care. I understand that I must provide my own health insurance.

*Please be aware that Glacier Institute staff may be on hand to take photographs of classes and courses. All photos taken by Glacier Institute staff are property of the Glacier Institute and may be used in publications or web content.

PARENT SIGNATURE: _____ **DATE:** _____

EXPLANATIONS FROM FIRST PAGE OF THIS FORM

List significant medical problems:

→→

List allergies to drugs/medications:

You are taking medications and bringing them to camp.

This includes any kind of medication, dietary supplements, vitamins or inhalers. All inhalers should be carried by campers at all times during camp. The same applies to epi-pens for anaphylactic shock.

I, _____ (parent/guardian) give the Big Creek Staff permission to administer the following medication(s) that my son/daughter is required to take during their stay at Big Creek.

List medication and instructions for use:

Specify limits on physical activity:

Any other pertinent information we should know?

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