



USD 267

STEM ACADEMY

Registration and Medical Release

Where: Andale High School

When: June 17-20th, 2019 8:00-11:00 AM

This camp is for current 4th-8th Graders

Cost: \$50 per student (Maximum of 30 students will be accepted)

Make checks payable to: Renwick USD 267

Please return this form and payment to your child's school by Friday, May 3rd

The Registration and Medical Release form will be kept onsite with instructors for the duration of the camp. This form requests basic medical history information and authorizes instructors to obtain medical treatment for the camp participant if necessary.

Student Name: _____ Current Grade: _____

Address: _____ City: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____

Phone Number (home): _____ (Cell) _____

Emergency Contact #1

Relation to student: _____ Phone Number: _____

Emergency Contact #2

Relation to student: _____ Phone Number: _____

Does your child have any acute or chronic medical problems? Yes _____ No _____

If Yes, please explain:

List any allergies to food, pollen, or medicine:

List any medications being taken at present time:

List any other conditions we should be aware of:

In case of injury or illness, I give permission for my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the camp representatives to sign on my behalf the Notice of Privacy Practice that patients are required to receive in accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred by my child at a local hospital or elsewhere.

Parent Signature _____ Date _____