

SCAPE STUDENT NAME _____ SOCIAL SECURITY NUMBER _____

STUDENT HEALTH INVENTORY

Must be completely filled out and returned. We use this information to: (a) Brief kitchen staff about diet needs; (b) Educate counseling staff about camper needs; and (c) Provide healthcare staff with background about your child. *Receiving adequate information prior to your child's arrival is crucial to our ability to provide a supportive environment.*

Gender _____ Age _____ Birthdate _____ / _____ / _____
Parent or Guardian _____
Day Phone _____ Evening Phone _____
Cell Phone _____ City _____
Address _____
State _____ Zip _____
Doctor's Name _____ Phone _____
Dentist's Name _____ Phone _____

HISTORY: Please attach a list of any conditions, problems, dietary needs or allergies (including insect bites) your child has.

MEDICATION: Provide complete information. Bring enough medication to last the entire session. ALL medications, including vitamins and herbal supplements, MUST be in pharmacy/original containers and be appropriately labeled. For safety all medication will be stored in the locked RA office. Attach more information if needed.

#1 Name of medication: _____ Dosage: _____
How often each day? _____ Reason for taking: _____

#2 Name of medication: _____ Dosage: _____
How often each day? _____ Reason for taking: _____

#3 Name of medication: _____ Dosage: _____
How often each day? _____ Reason for taking: _____

My child has permission to take: ___ Tylenol ___ Pepto-Bismol
Ibuprofen _____
_____ Benadryl ___ Calamine Lotion

EMERGENCY: List names and phone numbers of persons we should call in an emergency and we couldn't reach a parent.

(name) (tel. no.)

(name) (tel. no.)

LOCAL HOSPITAL PREFERENCE: ST JOHNS COX

WHAT HAVE WE FORGOTTEN TO ASK? Please attach any additional information we should know.

INSURANCE VERIFICATION: Each student must be covered by medical

insurance provided by parents or guardians. (Application is not complete without this information.) It is understood that Scape staff use insurance information in the event of medical emergency to preserve the immediate well-being of the named student. Any expenses incurred as a result of use of these provisions will be the responsibility of the undersigned individuals. The undersigned individuals grant permission for treatment.

_____ is covered by health and accident
Policy (medical) _____
Policy Number _____
Insurance Co. _____
Name of Policy Holder: _____
Social Security # _____
Address of policy holder (if different from student)

AUTHORIZATION: My child has my permission to participate in classes, activities and field trips with Summerscape. I accept full responsibility for my child. If an accident should occur injuring my child, including loss of life or limb, I authorize treatment and I hereby release the teacher, driver, sponsors, administrators, or other associated persons, together with Scape (and its officers and agents) and Drury University (plus its agents, employees and Board), from any liability thereon. Drury's representatives have my authorization to transport my child for medical care. I give permission to the physician selected to order X-rays, routine tests, and treatment for the health of my child. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the child. This form may be photocopied. I understand that information about my child's health will be shared on a "need to know" basis.

I further agree that I will indemnify and hold harmless all such persons and organizations from any loss, cost, judgment or other harm, including attorneys' fees, which might come to them if my child or anyone claiming by or through my child should ever institute litigation against any such person or organization for any reason touching upon or arising from my child's Scape experience. This agreement binds my heirs and successors.

I grant permission for Scape or its designate to photograph, record or videotape my child during Scape activities and to use those materials for promotional or other purposes chosen by the Administrative Board for Pre-College Programs. I agree that my child must abide by the rules of the program, including dormitory general rules and any specific additional instructions by faculty and staff.

Parent/Guardian Signature & Printed Name

Emergency Number for Parent or Guardian