

STUDENT NAME _____

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.* Not all dietary and medical needs can be accommodated.

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 list any MEDICAL conditions your child takes daily medication for, problems, housing needs, dietary needs or allergies, no matter how small. We are not able to accommodate all needs. If you have specific dietary needs (other than vegetarian), please contact us a month prior to the start of camp. You must be up-to-date on immunizations.

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. ALL medications MUST be turned into camp nurse on day of check-in to be locked and stored in RAs office for safety reasons. Please write up medications with dosing instructions below: (If you have more medications, provide on separate sheet)

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: MERCY COX

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

SOCIAL SECURITY NUMBER _____

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, RELEASE, AND INDEMNITY AGREEMENT OF PARENT OR GUARDIAN

The child listed below has my permission to participate in classes, activities, and field trips with Drury University. I understand and acknowledge that these activities and experiences, including, but not limited to, bus trips, swimming, craft activities, walking trips, residential activities, walking to and from class, have significant inherent risks, including, but not limited to, the risk of bodily injury, illness, death, damage or loss to person or property. I acknowledge that a complete listing of risks is not possible, and that risks may exist that cannot be anticipated. I understand that participation in this program at Drury University is completely voluntary and that the child is not required to participate. Knowing these risks, I authorize participation by the child in classes, activities, and field trips with Drury University and assume responsibility for my child for any and all bodily injury, illness, death, damage to or loss of personal property, and all expenses thereof, which may occur as a result of my child's participation in such activities.

As the parent/legal guardian of the child, I unconditionally release and waive whatever claims or causes of action the child might have against the Released Parties during minority. This document uses the term "Released Parties" to mean Drury University, its trustees, officers, directors, faculty, staff, volunteers, employees, and agents. I also release any causes of action I might personally acquire or have, either directly or by reason of my relationship to the child, for any actions or inactions of the Released Parties except for intentional misconduct or gross recklessness. This Release specifically includes negligence on the part of the Released Parties or of any service provider, including health care institutions and personnel selected by the Released Parties. I also understand this release is absolute and unconditional.

I also independently guarantee to indemnify any of the Released Parties should any action to recover for any damages or loss to the child or the child's property, or to anyone claiming by relationship to the child, be brought against any Released Party touching upon or arising by reason of activities related to the child's experience at Drury.

In case of a health emergency involving the child, I authorize any of the Released Parties to obtain medical treatment for the child and agree to release, indemnify, and hold harmless the Released Parties 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 of the Released Parties relating to the child's emergency medical treatment. 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.

I acknowledge and agree that the child must abide by all rules of the program, including dormitory general rules and any additional instructions from faculty and staff and that failure to do is grounds for immediate expulsion from the program.

I grant permission for Drury University to photograph, record or videotape the child during Drury activities and to use those materials for promotional or other purposes chosen by the Administrative Board for Pre-College Programs. This Agreement binds my heirs and successors.

Child's Name [Print] _____

Parent/Guardian Name [Print] _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Phone Number & E-mail Address _____

Emergency Contact Name and Phone Number/Relationship to Child _____