

**UNIVERSITY OF WISCONSIN-GREEN BAY - SUMMER YOUTH CAMPS  
HEALTH INFORMATION FORM and LIABILITY RELEASE**

BOTH pages and BOTH copies of this form **must** be brought with the student at check-in.

**Sections I through V MUST be completed before a student will be allowed in Camp. ABSOLUTELY NO EXCEPTIONS.**

Camper's are encouraged to have their own health insurance, as **limited** accident insurance is provided by the university.

**I. NAME OF SUMMER CAMP ATTENDING \_\_\_\_\_ DATES \_\_\_\_\_**

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_  
# and street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ telephone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Insurance Carrier Name \_\_\_\_\_ Insurance Group ## and Policy ## \_\_\_\_\_

Relative/Other Responsible Party \_\_\_\_\_ telephone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

**II: Camper's Health Status: Has the camper ever had:**

- |              |     |   |
|--------------|-----|---|
| No           | Yes | Allergies: If yes, list _____                   |
| No           | Yes | Asthma _____                                    |
| No           | Yes | Bleeding Disorder _____                         |
| No           | Yes | Depression _____                                |
| No           | Yes | Diabetes _____                                  |
| No           | Yes | Emotional Disorder _____                        |
| No           | Yes | Fainting/Dizzy spells _____                     |
| No           | Yes | Heart condition _____                           |
| No           | Yes | Medication Allergies: If yes, list _____        |
| No           | Yes | Seizure disorder _____                          |
| Other: _____ |     |   |
| No           | Yes | Does the camper wear glasses or contacts? _____ |

**III. Medications:**

If your child takes **prescription medication** please list it here. Bring the medication to check-in in its **original container** labeled with the camper's name and specific dose as prescribed by the physician. The medication will be stored in the Head Counselor's office. All medication with the **exception of insulin, inhalers, and emergency medications** will be administered by appropriate UWGB camp health personnel. **Parents: Please contact Mona Christensen, 920-465-2267 or [christem@uwgb.edu](mailto:christem@uwgb.edu) at least two weeks prior to the camp's start date if a medication needs to be administered by injection.**

**I hereby authorize UW-GB camp staff to administer the following medications to my child.**

Name of medication	Dose/Administration instructions	Reason why medication is needed

Signature of parent or guardian \_\_\_\_\_

date signed \_\_\_\_\_

If your child takes **non-prescription (over-the-counter) medications** for such things as allergies, headache, menstrual cramps etc. medications will be kept in the Head Counselor's office and administered by appropriate UWGB camp health personnel. We ask that you sign below and indicate by (√) which medications we can administer to your child. **DO NOT send the following medications to camp with your child, as they will be supplied by the camp.**

**I hereby authorize UW-GB camp staff to administer the following medications to my child.**

Name of medication	Dose/Administration instructions	Reasons why medication is needed
Tylenol		
Ibuprofen		
Decongestant		
Robitussin		
Midol		
Cough drops		
Benadryl or antihistamine		

Signature of parent or guardian

date signed

**IV. Immunization dates:**

Tetanus/diphtheria (Td) \_\_\_\_\_ MMR (measles, mumps, rubella) \_\_\_\_\_, \_\_\_\_\_

**V. EMERGENCY AND NON-EMERGENCY MEDICAL AUTHORIZATION and LIABILITY RELEASE**

I hereby authorize the University Health Service to provide non-emergency care to my child as needed. In addition, I authorize the emergency center physician and/or the physician on call, the emergency center staff and hospital staff itself to order any surgical or medical treatment, blood transfusions, anesthesia, or medication they may deem advisable for emergency care and treatment with the exception of \_\_\_\_\_ (if acceptable as stated, write "NONE" or leave blank) while my child is attending the University of Wisconsin-Green Bay Summer Camp.

signature of parent or guardian

date

I certify that to the best of my knowledge the above information is true and correct, and the student can safely participate in the UW-Green Bay Summer Camp Program.

Furthermore, as parent/guardian of a participant in the camp/clinic, I hereby state that I am aware of and accept the risk inherent in the program activity. I do hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin system, and the University of Wisconsin - Green Bay, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp/clinic.

Participant name - please print

Signature of Parent/Guardian

Date

Address