

## SUMMER SCHOLARS FAMILY INFORMATION SHEET

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Cell: \_\_\_\_\_

Camper's email address: \_\_\_\_\_ Age: \_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Please list any **nutritional concerns** that we should consider when planning catered meals (vegetarian only, gluten intolerant, lactose intolerant, etc.): \_\_\_\_\_

If parents cannot be contacted, please contact: Name \_\_\_\_\_

Phones# \_\_\_\_\_; \_\_\_\_\_

On Sunday, the camp program provides a nondenominational service. During the service campers sing songs, share concerns, and listen to an inspirational speaker. Please let us know if you wish your child to attend this service, no service, or a specific service of your choice. \_\_\_\_\_

### HEALTH INFORMATION

Date of last Tetanus shot: \_\_\_\_\_

Significant Health Concerns: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Typically we send a sick camper to the campus student health center. You will be billed for the office visit. If you prefer for your child to be seen by a local physician/medical care provider, please provide us with contact information and we will make arrangements to assist with transporting your child.

Medical Care Provider: \_\_\_\_\_

Name

Phone number

Location: \_\_\_\_\_

Address

### Health Insurance Information

Insurance Company: \_\_\_\_\_

Identification Number(s): \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City State Zip

Company Phone Number: \_\_\_\_\_

Policy Holder \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Name

D.O.B.