



Rochester Institute of Technology
October 11 – 13, 2024

Health Information Form

Student Information

Student Name: _____
Grade: _____ Gender Identity (dorm/bathroom assignment): [] Male [] Female Date of Birth: _____
Address: _____

Parent and Contact Information

1. Parent/Guardian Name (first & last/legal name): _____
Mobile # _____ Home # _____ Email _____
2. Parent/Guardian Name (first & last/legal name): _____
Mobile # _____ Home # _____ Email _____
3. Additional Emergency Contact Name(s): _____
Relation to Student: _____ Mobile # _____ Other # _____

Student Health Information*

*based on your responses below, supplemental forms or physician’s releases may be needed prior to attendance.

- [] Attach copy of immunization record. If received, record must include the date of last tetanus shot (required)
[] Attach copy of health insurance card (required)

Medical Conditions/Needs: _____

Allergies: _____

Dietary Requirements: _____

Student takes regular medication(s): [] No [] Yes – prescription meds are held and administered by student and/or chaperones. All medications must be stored in a zip-top bag labeled with student’s name. Emergency medications (inhaler, EpiPen) are required to accompany student to camp.

Prescription Medication: (please specify reason for medication above): _____

Over-the-Counter Medication: (please list medications that student will bring) _____

The following over-the-counter medications are commonly stocked at camp and are used as-needed to manage illness and injury. Dosage is determined by product label. Please cross out those items the camper should not be given. I give my permission to administer those over-the-counter medications not crossed out.

- Ibuprofen • Antibiotic Ointment • Hydrocortisone • Sore Throat Lozenge • Phenylephrine
• Meclizine • Acetaminophen • Diphenhydramine • Pepto Bismol (>12yo)

As the parent/guardian of Minor, I verify the above information provided is true and accurate; and affirm that I am at least 18 years old with my signature below. If signed electronically, I understand and agree that my electronic signature is the legal equivalent of my manual, handwritten signature. By signing this document, I consent to be legally bound by this agreement.

Print Name of Minor _____ Print Minor Date of Birth _____

Print Name of Parent or Legal Guardian _____ Signature of Parent or Legal Guardian _____ Date Signed _____

HEALTH INFORMATION FORM
- SEACAMP San Diego -