



SANTA CLARA UNIVERSITY
Bronco Kidz All Sports Camp
IDENTIFICATION, EMERGENCY AND HEALTH INFORMATION

Camper Name: _____ Camper Gender: _____ Camper Birth Date: _____ Camper Shirt Size: _____

Father/Guardian Name Address City State Zip Code

Father Home Phone Cell Phone Business Phone Email

Mother/Guardian Name Address City State Zip Code

Mother Home Phone Cell Phone Business Phone Email

Alternate Emergency Contact Cell Phone Business Phone Email

PERSONS TO WHOM MY CHILD MAY BE RELEASED TO:

Name	Cell Phone	Relationship

INSURANCE AND DOCTOR INFORMATION:

Health Insurance Company:	Policy/Group #:	Phone:
Primary Care Physician:		Phone:
Dentist:		Phone:

OTHER HEALTH-RELATED INFORMATION:

Is the child allergic to medications?	Specify:
Is the child allergic to insect stings?	If yes, what actions should be taken:
Does the child have any food allergies or dietary restrictions?	Specify:
Does child have any other significant health or behavioral problems significant to camp personnel?	Specify:
Does child require medication while at camp?	If yes, please note that we cannot dispense medication without: <input type="checkbox"/> A completed Medication Consent Form and <input type="checkbox"/> A physician's written and signed authorization. Please check that you have turned in both of the above items.
May camp staff apply sunscreen on your child?	<input type="checkbox"/> Yes, I give my permission for staff to apply sunscreen on my child.

IMMUNIZATION HISTORY:

Please fill out or enclose copy of current immunization records.

Vaccine	Date Each Dose Was Given				
	1 st	2 nd	3 rd	4 th	5 th
Polio (OPV or IPV)	/ /	/ /	/ /	/ /	/ /
MMR (Measles, Mumps, Rubella)	/ /	/ /			
DTP (Diphtheria, Tetanus, Pertussis)	/ /	/ /	/ /	/ /	/ /
HIB (Meningitis)	/ /	/ /	/ /	/ /	
Hepatitis B	/ /	/ /	/ /		
Varicella (Chickenpox)	/ /	/ /			

Tuberculosis Risk factors not present, skin test not performed.
 Risk factors present, skin test performed, communicable TB not present.

Please check here if immunization is against your religious or personal beliefs. You will be required to sign a *personal beliefs affidavit* on or before the first day of camp.

Parent/Guardian Signature Printed Name Date