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

Camper Name: _____ Camper Gender: _____ Camper Birth Date: _____

| | | | | |
|---|---|---|---|---|
| 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:<br>☐ A completed ***Medication Consent Form*** and<br>☐ 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? | ☐ 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 | | | | |
|---|---|---|---|---|---|
| | 1st | 2nd | 3rd | 4th | 5th |
| 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.<br>☐ 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