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**SummerDance on Tour / CaravanKids Summer Workshop**

**MEDICAL INFORMATION**

**This form is mandatory for all Summer Programs**

Student’s Name: Parent/Guardian:

Address: City/State/Zip:

Telephone: Home Work Cell

E-Mail:

Parent/Guardian 2:

Address: City/State/Zip:

Telephone: Home Work Cell

E-Mail:

**Best contact information for emergency:**

**If neither parent/guardian is available in an emergency, please contact:**

Name(s):

Address: City/State/Zip:

Telephone: Home Work Cell

**Insurance**

Is the participant covered by family medical/hospital insurance? ***□*** Yes ***□*** No

Plan/Carrier:

Group Number: ID#:

Preferred Hospital: ***□*** Vassar Brothers (Poughkeepsie ***□*** Health Alliance (Kingston)

**Health History**

Allergies:

Reaction & Management:

Medical Conditions:

Current Medications & Dosage:

I give permission for my child, to self-administer \_\_\_\_\_\_\_\_\_\_\_\_\_\_

for

Signature of Parent/Guardian: Print Name:

Instructions for medications administered by staff:

Physical Restrictions:

Additional Information:

The person herein described has permission to engage in all program activities as noted. I hereby give permission to the program staff to administer prescribed medications, and seek emergency medical treatments including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give the camp director or his/her designee the authority to obtain the necessary medical treatment for my child in case I, another parent/guardian, or an emergency contact, cannot be reached prior to the necessary treatment. I give permission to the program to arrange the necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the program to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian:

Print Name:

Date:

***Please complete and return to:***

***The Vanaver Caravan, 10 Main St., Suite 322, New Paltz, NY 12561***

***(845) 256-9300, vcoffice@vanavercaravan.org***

**vanavercaravan.org**