

**EXXONMOBIL
BERNARD HARRIS SUMMER SCIENCE CAMP 2008**

PARTICIPANT MEDICAL INFORMATION AND RELEASE FORM

**RETURN THIS FORM ON ORIENTATION DAY,
JUNE 15, 2008**

Or mail to
Mike McKee
Bernard Harris Summer Science Camp at UCF
4000 Central Florida Blvd., Bldg 53
Orlando, FL 32816-2700
DO NOT FAX

Please print in black or blue ink or type:

Camper's Name _____

Date of Birth _____

_____ is not taking prescription medications.

_____ is taking the following prescription medications.

_____ for _____

_____ for _____

_____ for _____

Please list any nonprescription (over-the-counter) drugs the Camper is taking or is permitted to take including aspirin, acetaminophen, antihistamines, etc.).

_____ for _____

_____ for _____

_____ for _____

Doctor's approval is needed for over-the-counter drugs (aspirin, cold capsules, etc.).

Physician's Signature: _____

Initial if signed by Nurse or Physician's Assistant

All medications must be in the original container; the pharmacy label must be attached and clearly legibly for prescription drugs. All medications must be turned in at check-in.

The above-named student is

_____ not covered by health and accident insurance.
 _____ covered by health & accident insurance as follows:

Policy Holder's Name _____

Relation to Camper _____

Insurance Company _____

Group/Policy Number _____ Plan # _____

Insurance Company's Phone Number _____

Physician: _____ Phone Number: _____

(Over)

Allergies: (food, drugs, insects, plants, etc.) _____ No _____ Yes Explain:

Are immunizations current? _____ No _____ Yes

Date of last Tetanus injection: _____

Does camper wear glasses or contact lens? _____ No _____ Yes

Please indicate if camper experiences or has experienced any of the following. Attach an additional sheet if additional space is needed for details.

Problem	Yes	No	Not Known	Details (i.e. how often, usual treatment, warning signs)
Headaches				
Convulsions/Seizures				
Fainting Spells				
Vision Problems				
Hearing Problems				
Breathing Problems				
Heart Problems				
Blood Clotting Problems				
Stomach/Bowel Problems				
Skin Problems				
Frequent Infections				
Diabetes				

