

Chinmaya Mission Boston

Youth Camp 2017

Health & Waiver Form

This health form is kept confidential and will be used only in the case of an emergency or if medication needs to be administered to the student by the Program Teachers.

Every student needs a completed health form to participate in the CMB Summer Enrichment Program. Please fill out this form as completely as possible.

Thank you!

SECTION I – BASIC CONTACT INFORMATION

Student Name _____

Birth date ____/____/____ Age ____ Gender Male Female

Home Address _____

Home Phone _____

Parent/Guardian #1 Name _____

Day Phone _____ Day Phone is Home Work Cell

Parent/Guardian #2 Name _____

Day Phone _____ Day Phone is Home Work Cell

Additional Emergency Contact _____ Relationship _____

(In case we can't reach Parents/Guardians)

Day Phone _____ Day Phone is Home Work Cell

Physician Name _____ Phone _____

Dentist/Orthodontist Name _____ Phone _____

SECTION II – INSURANCE INFORMATION

Is the student covered by family medical/hospital insurance? Yes No

If yes, indicate Insurance Carrier _____

Group # _____ Policy # _____

Policy Holder's Name _____ Relationship to participant _____

SECTION III – AUTHORIZATION

My child has permission to engage in all prescribed program activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the Program Teachers and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at **Lawrence General Hospital** in case of an emergency.

SECTION IV – LIABILITY WAIVER

I am not aware of any injury, illness or other health related issues that would restrict or limit my child's ability to participate in the camp. I agree to assume all risks and expenses due to an injury during my child's participation in the camp, games and/or travel to and from said activities. I agree to hold Chinmaya Mission Boston or anyone acting on its behalf as a volunteer, teacher or administrator harmless in the event of an injury while the child is participating under the supervision of the above.

Signature of Parent or Guardian X_____ Date_____