

S A I N T X A V I E R U N I V E R S I T Y
SUMMER CAMP HEALTH FORM

This form must be completed and returned to the Office of Academic Affairs at least ONE week prior to the start of camp. Please fill out one form per participant. Forms can be mailed to Debbie Nutley at 3700 W. 103rd Street, Chicago, IL 60655, emailed to nutley@sxu.edu or faxed to 773-298-3002.

Participant's Name: _____
(Last) (First) (Middle)

Email Address: _____

Gender: Male Female Date of Birth: _____

School attending this fall: _____ Grade this fall: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

T-Shirt Size (Adult): S M L XL

WHICH CAMP WILL YOUR CHILD BE ATTENDING?

- Math and Art Summer Camp
- The Secrets of Mathematics Summer Camp
- Summer Immersion Course on Financial Trading
- SXU-Southside Summer Jazz Camp
- Student Media Summer Camp
- Summer President's Leadership Program

Will your child be carpooling with other camp attendees? Yes No

Who may pick up your child (if younger than 14 years of age)?

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

For security and safety reasons, your child will not be released to anyone not on this list.

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Camper: _____

Primary Phone: _____ Cell Phone: _____

Name: _____ Relationship to Camper: _____

Primary Phone: _____ Cell Phone: _____

INSURANCE INFORMATION

Name of Policyholder: _____ Policy Number: _____

Primary Care Physician: _____ PCP Phone Number: _____

Is your policy: HMO PPO If yes, phone number for approval: _____

PERSONAL MEDICAL HISTORY

Does the participant have any allergies to medications, food, etc.? Yes No

Please list: _____

Does the participant currently take any prescription medications? Yes No

Please list: _____

Does the participant have any chronic health concerns? Yes No

Please list: _____

Has the participant’s physical activity been restricted during the past five years? Yes No

Please explain: _____

Additional medical information that we should know: _____

By signing below, I am stating that the above information is complete and truthful.

Parent/Guardian Signature: _____ Date: _____

Camper’s Signature (if over 18 years old): _____ Date: _____