

Messiah University Cyber Camp
Medical Form

Student's Name: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Address: _____

Place of Employment: _____

Home Phone:(____) _____ Work Phone:(____) _____

Another Person who will likely know where you can be reached:

Name: _____ Phone:(____) _____

If you plan on being away from home during camp, please indicate how we can contact you in case of emergency: _____

Name of Insurance Co.: _____ Policy #: _____

In whose name is the insurance listed?: _____

Does the participant have any special dietary needs? Yes No If so, please describe:

Does the participant have a disability that requires special accommodations? If so, please describe:

Please read, date and sign:

If my child needs medical treatment while participating in the camp it is my wish that treatment be started immediately if it is deemed necessary by a physician, with the understanding that every effort will be made to notify me in case of any major injury or illness. I will accept responsibility for all costs related to such treatment.

Date: _____ Signature: _____

Medications

Please list any medications your child is currently taking:

Prescription: _____

Over the Counter: _____

Drug Sensitivities: _____

Allergies: _____

Please circle any of the following that you approve the workshop staff, including the designate

Resident Assistant to administer to your child:

Tylenol

Benadryl

Tums

Students, Please read, date and sign the following:

I, _____, am aware that I may NOT share any medications with other participants.

Signature of Participant: _____

Parents, please read, date and sign:

_____ will bring the following medications with him/her to
(name of participant)

the camp. He/She has my permission to take them, only as dispensed by his/her designated Teaching Assistant, and only according to the prescribed directions on the container. He/She may not share them with any other participant.

Medications: _____

Parent
Signature: _____ Date _____

Mail or email to:

Messiah University
One College Avenue
Attn: Cybersecurity Education
Mechanicsburg, PA 17055

cybercamp@messiah.edu