

**FaithWorks @Messiah College  
Medical Form**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

If away from home/work during camp, please indicate how to reach you in an emergency:  
\_\_\_\_\_

Alternate Contact & Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

In whose name is insurance listed: \_\_\_\_\_

Does student have any special dietary needs?    Yes                      No                      If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

**Please read, date and sign:**

If my child needs medical treatment while participating in the workshop, 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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 designated Resident Assistant, to administer to your child:

Tylenol

Benadryl

Tums

**Students, please read, date and sign:**

I, \_\_\_\_\_, am aware that I may not share any medications with other participants.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents, please read, date and sign:**

\_\_\_\_\_ will bring the following medications with him/her to the workshop. He/she has my permission to take them, only as dispensed by his/her designated Resident 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 scan and email to:**

FaithWorks @Messiah College  
Suite 3053  
One College Avenue  
Mechanicsburg, PA 17055

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