

MEDICAL/AUTHORIZATION FORM

CAMPER NAME _____

DATE OF BIRTH _____

In case of emergency, which hospital do you prefer?

Lourdes Hospital Western Baptist Either

MEDICAL HISTORY

Please indicate below if your child has suffered from any of the following diseases, illnesses or allergies.

Disease/Illness	Date	Allergies
<input type="checkbox"/> Chicken Pox	_____	<input type="checkbox"/> Poison Ivy
<input type="checkbox"/> Measles	_____	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Mumps	_____	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Asthma	_____	<input type="checkbox"/> Nuts
<input type="checkbox"/> Concussion	_____	<input type="checkbox"/> Red Dye
<input type="checkbox"/> Seizures	_____	<input type="checkbox"/> Dairy
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Behavior	_____	
<input type="checkbox"/> Other _____		

Past Illnesses? _____

Operations/Serious Injuries? _____

Chronic/Recurring Illnesses? _____

Does camper wear any medical appliances? _____

Is there anything else in camper's health history that staff should know about? _____

Medication at camp? No Yes, what time? _____

If medication is required, it must come in the original container with usage/dosage and instructions clearly printed on label. A doctors and parents note must also be with medication.

CONSENT FOR MEDICAL TREATMENT

I do authorize that all of the above information is correct and that my child is fully able to participate in all Challenger Learning Center activities without need of individual or specialized attention or medical regimen. I agree to notify the Challenger Learning Center of any changes in my child's physical or mental health between the dates of enrollment and the start of camp as well as during camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of the Challenger Learning Center staff, emergency room physicians or any other clinical physicians with the understanding that I will be notified as soon as possible.

X

Parent/Guardian Signature _____ Date _____

PICK UP AUTHORIZATION

Who is authorized for pick up other than parent/guardian?

Name: _____ Relationship: _____

1. _____

2. _____

3. _____

PHOTO & VIDEO AUTHORIZATION

Students who visit the Challenger Learning Center often have the opportunity be highlighted by the media. The Challenger Learning Center staff at times will also take photographs of students during simulated missions and other activities to use in marketing material and on our website. Names are withheld.

The Challenger Learning Center has permission to use the photographic likeness or video footage of my child as set out above.

YES

NO

X

Parent/Guardian Signature _____

Date _____

GIFT STORE AUTHORIZATION

(This does not apply to Space Discovery I, II or Astrotot campers. They will visit the Gift Store with parents at end of camp session.)

Students who visit the Challenger Learning Center have the opportunity to shop and purchase items in our Galaxy Gift Store.

While at the Challenger Learning Center, my child has permission to shop in the Galaxy Gift Store.

YES

NO

X

Parent/Guardian Signature _____

Date _____

CAMPER GUIDELINES

Space Campers are expected to:

- Respect and follow the directions of counselors, instructors and other supervisors.
- Avoid profanity, pranks, racial slurs and practical jokes.
- Avoid exploring equipment or potentially dangerous areas.

As a camper, I agree to follow the above guidelines and use common sense and good judgment regarding my behavior during my time at camp.

X

Camper Signature _____

Date _____

X

Parent/Guardian Signature _____

Date _____

Mail this form ALONG WITH registration form(s) to:

Challenger Learning Center
Space Quest 2012
PO Box 7380
Paducah, KY 42002

Fax to: (270) 534-6385
(only if paying by credit card)

Questions: (270) 534-3101