2025 Medical Form for Space Voyage Summer Camp
Consent For Medical Treatment For Minors

Please print, complete, scan or save as PDF and upload to the PARENT PORTAL.
Your registration is not complete until this form is on file.
Please upload one form, in PDF format at a time. Thank you.

In order to provide your child medical care in the event of illness or injury, you are requested to complete this form.

Camp Week(s) attending: (Circle All Weeks) 1 2 3 4 5 6 7 8 9 10

Child's Name_____Grade_ Birth Date _____

Street Address:_____City State Zip Code _____

Guardian #1 Name:_____Relationship to Child: _____

Telephone Numbers: Home=_____Work=_____Cell= _____

Guardian #2 Name:_____Relationship to Child:_____

Telephone Numbers: Home=_____Work=_____Cell= _____

Other Contact;_____Phone:_____

Family Physician:_____Phone:_____

Where is this child staying at the time of the camp? With Parents_____ Other_____(please specify)

Insurance information: Carrier:_____Plan #:_ Policy #:_ Effective Date: _

Medical History:

1. Date of last tetanus booster: _____

2. Does your child have any allergies to medications, or insect stings? NO YES If yes, please explain below:

_____

3. Does your child have any food allergies? NO YES If yes, please list them below:

_____

4. Is your child under the care of a health care provider for a medical problem? NO YES If yes, please explain:

_____

5. Is your child taking medication prescribed by a health care provider? NO YES If yes, please explain:

_____

6.Does your child have any food allergies, special needs or other Information we should be aware NO YES If yes, please explain: _____

_____

Parental Permission: I give permission for such first aid procedures as may be deemed necessary for my son/ daughter by Space Voyage Staff and any other medical facility. I understand that any health care facility will make every reasonable attempt to contact me first, time and conditions permitting. I agree to be responsible for all charges incurred. As parent/guardian, I do indemnify, defend and hold harmless, Space Voyage Summer Camp, Jefferson County Public Schools, Space Voyage Simulations, its officers, employees, agents, instructors, and all participants in the program and camp from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from negligence and/or the student taking part in program activities.

Signed:_____Relationship:_____Date: _____