

**Medical Information Form**

Name of Student: \_\_\_\_\_

Doctor or Pediatrician: \_\_\_\_\_

Doctor telephone: \_\_\_\_\_ Name/Relation/Emergency # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The questions in this form are designed to aid the staff in teaching the child named above, or in addressing a medical emergency. Therefore if there are any conditions, medications, allergies, challenges or behavioral problems regarding this child that we should know about please list them. Please attach an extra sheet or printed medical information if necessary.

1. Is this child suffering from any physical disabilities that staff should be aware of? Y N If yes, please describe: \_\_\_\_\_

2. Does the child have any unusual (or severe, although common) allergies that require attention? Y N If yes, please describe: \_\_\_\_\_

3. Are there any medications that this child is currently taking that need to be administered during the program? Y N If yes, please describe: \_\_\_\_\_

\_\_\_\_\_ Dosage? \_\_\_\_\_

4. Behaviorally speaking, what kind of challenge does the student present in group learning situations? In these instances, what remedies would you recommend that the staff employ?

\_\_\_\_\_

5. Is there any medical information that you feel we should know about in the context of the program?

\_\_\_\_\_

I authorize staff of the Archaeology Summer School to call appropriate medical authorities or the above-named emergency person in the event of a medical emergency pr incident involving the above-named student.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Child Photography Permission**

Due to demand, we shall offer photos of the children individually and in groups. The photographs involve camp activities. These photographs are for the purpose of providing souvenirs for children, their families and friends. They are not intended for camp promotion. Photographs may be obtained at the camp receptions, held on Fridays. Check the applicable phrase:

I DO / I DO NOT give permission for my child/ren, named \_\_\_\_\_, to be the subjects of photographs for the above stated purposes, to be taken by the staff of the Archaeology Summer Day Camp.

Signed \_\_\_\_\_ Date \_\_\_\_\_