



**WTJU Radio Camp  
Health Information and Emergency Contact Form**

Participant's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contact** (if parents are not available):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Health History:**

If your child has had, or currently has any condition that may be important to consider if he/she becomes ill while at camp, please attach a description or doctor's instructions if helpful.

Allergies/Diseases/Other Illnesses or Injuries/Non-Medical concerns: Attach additional paper if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Authorization:** Please check all that apply

I give permission for my child to be given \_\_\_**Tylenol** \_\_\_**Ibuprofen** \_\_\_**Benadryl** at the discretion of the WTJU staff for minor illnesses (e.g., headache, bee sting). The health history is correct so far as I know and my child named above has permission to engage in all Radio Camp program activities except for those noted by me.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by WTJU staff to hospitalize, secure proper treatment for and to order injection, anesthesia, and/or surgery for my child named above.

In the event that my child should become ill, I give permission for WTJU staff to use their discretion in obtaining medical treatment for my child. I understand that all costs for such treatment, including medication, will be paid by me or my insurance company. I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims.

This completed form may be photocopied for trips off University of Virginia Grounds or other related Radio Camp activities.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Special Concerns & Instructions:** Please use the space below to inform Radio Camp officials of any additional information, including any activities your child may not participate in. Please attach additional sheets if necessary.