

# University of California Riverside's Entomology's Junior Entomologist Summer Camp Emergency Contact and Medical Form

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Alternative Pickup/Release**

Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Emergency Contact Information**

*Parent/Guardian Contact #1*

First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Relation to child \_\_\_\_\_

*Parent/Guardian Contact #1*

First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Relation to child \_\_\_\_\_

*Alternative Emergency Contact #1*

First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Relation to child \_\_\_\_\_

*Alternative Emergency Contact #2*

First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Medical Release Information**

Insurance Information

Name of Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Condition	Required Treatment	Current Doctor	Should a paramedic be called?
_____	_____	_____	Yes/No
_____	_____	_____	Yes/No
_____	_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food, medication, insect, or other?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

If yes, does your child carry an epi-pen? Yes \_\_\_ No \_\_\_

Does your child require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is there anything else we should know about your child?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

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Name of the Vaccine	Dose 1 (MM/DD/YY)	Dose 2 (MM/DD/YY)	Dose 3 (MM/DD/YY)	Dose 4 (MM/DD/YY)	Dose 5 (MM/DD/YY)	Signature of Patient or Guardian
Diphtheria and Tetanus (DT)	/ /	/ /	/ /	/ /	/ /	
Diphtheria, Tetanus, Pertussis (DTap, DTP) (6 and -)	/ /	/ /	/ /	/ /	/ /	
Haemophilus Influenzae b (Hib)	/ /	/ /	/ /	/ /	/ /	
Polio (OPV, IPV)	/ /	/ /	/ /	/ /		
Tetanus and Diphtheria (Tdap, Td) (7 and +)	/ /	/ /	/ /			
Measles, Mumps and Rubella (MMR) (1 and +)	/ /	/ /	/ /			
Hepatitis B (Hep B)	/ /	/ /	/ /			
Varicella (chicken pox) (1 and +)	/ /	/ /				
Human Papillomavirus (HPV)	/ /	/ /	/ /			
Hepatitis A (Hep A)	/ /	/ /				
Meningococcal (MCV) (MPSV)	/ /	/ /				

Immunization Notes/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that the University of California Riverside and the Little Entomologists Summer Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_