

# RoboCamp @ RIT Medical and Health Insurance Form

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

Program attending: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

## Medical History

Please indicate the childhood illnesses your student has had and complete the information about your child's current physical condition. If your student has not had the illness or condition listed, please check the 'No' box.

### Childhood Illness

	Yes	No	Date
Chicken Pox	___	___	_____
German Measles	___	___	_____
Measles	___	___	_____
Mumps	___	___	_____
Shingles	___	___	_____

### Current Physical Conditions

	Yes	No	Date
Asthma	___	___	_____
Bleeding/Clotting Disorder	___	___	_____
Cancer	___	___	_____
Convulsions/Seizures	___	___	_____
Diabetes	___	___	_____
Frequent Ear Infections	___	___	_____
Heart Defect/Disease	___	___	_____
High Blood Pressure	___	___	_____
Kidney Disease	___	___	_____
Lung Disease	___	___	_____
Vision Impairment	___	___	_____

### Allergies

Hay Fever	___	___	_____
Insect Sting Reaction	___	___	_____
Penicillin	___	___	_____
Poison Ivy, etc.	___	___	_____

Food Allergies (please list)

\_\_\_\_\_

Medication Allergies (please list)

\_\_\_\_\_

Other Allergies (please list)

\_\_\_\_\_

## Health Information (please attach additional paper if necessary)

Has the student been under any medical care within the past three months? If so, please explain.

\_\_\_\_\_

Explain any treatment the student has received in the past for his/her physical, mental or emotional health.

\_\_\_\_\_

Is the student on a special diet? If so, please explain.

\_\_\_\_\_

Should the student be restricted in recreation? In what way?

\_\_\_\_\_

Is there anything else we should know about your child, or any other special needs he or she may have?

\_\_\_\_\_

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## Health Insurance Information

Name \_\_\_\_\_

### My student has health insurance\*

Name of insurance carrier \_\_\_\_\_

Policy or group number \_\_\_\_\_

Name of policy owner (Insured) \_\_\_\_\_

### In addition

I assume full responsibility for payment of medical expenses that are not covered by my insurance and are incurred as a result of my student's participation in a summer program at Rochester Institute of Technology.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*All participants in RIT summer programs are required to carry health insurance. If your student does not have health insurance, this website <http://www.ins.state.ny.us/chealth.htm> may be of assistance to you.

### In case of Emergency

First contact name: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_\_) \_\_\_\_\_

Second contact name \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_\_) \_\_\_\_\_

## Permission Slip and Consent for Medical Treatment (Parent/Guardian)

I represent that the foregoing medical history is correct to the best of my ability. I give my permission for the above named student to participate in all prescribed program activities except as noted on Page 1 of this form. I further represent that I am the parent or legal guardian of the above-named student, and that I give permission for \_\_\_\_\_ (print student's name) to be given first aid in case of emergency while he/she is in attendance at summer programs on RIT's campus. This includes permission for the child to be taken to the emergency department of a local hospital if the injury is serious enough to require medical attention. I further hereby waive and release RIT, its staff, agents, representatives, employees, designees, or anyone else involved in the RIT summer program from any and all liability, claims or causes of action relating to or resulting from any activities which might directly or indirectly result from my child's participation in any activity conducted at the RIT summer camp program. I verify all information I have provided to be true and correct.

Parent/Guardian's Name (Please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_