

**STUDENT HEALTH AND EMERGENCY INFORMATION FORM**

Student Name \_\_\_\_\_  
Student Chinese Name \_\_\_\_\_

Father/Guardian name (printed) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_  
Location(during the camp) \_\_\_\_\_

Mother/Guardian name (printed) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_  
Location(during the camp) \_\_\_\_\_

**IN CASE OF EMERGENCY AND NEITHER PARENT CAN BE REACHED,  
PLEASE LIST NAME AND PHONE NUMBER OF RELATIVE OR FRIEND WE  
MAY CONTACT.**

EMERGENCY NAME1 \_\_\_\_\_  
PhoneNumber \_\_\_\_\_ Relationship \_\_\_\_\_  
Location(during the camp) \_\_\_\_\_

EMERGENCY NAME2 \_\_\_\_\_  
PhoneNumber \_\_\_\_\_ Relationship \_\_\_\_\_  
Location(during the camp) \_\_\_\_\_

EMERGENCY NAME3 \_\_\_\_\_  
PhoneNumber \_\_\_\_\_ Relationship \_\_\_\_\_  
Location(during the camp) \_\_\_\_\_

EMERGENCY NAME4 \_\_\_\_\_  
PhoneNumber \_\_\_\_\_ Relationship \_\_\_\_\_  
Location(during the camp) \_\_\_\_\_

**Please check all that applies to your child:**

Heart condition \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ SeizureDisorder \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Migraines \_\_\_\_\_  
Depression \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
Allergies (food, insects medication, environment, (specify) \_\_\_\_\_  
Hearing Problems (specify) right ear \_\_\_\_\_ left ear \_\_\_\_\_  
Vision Problems (specify) \_\_\_\_\_

I give my permission for dorm teachers to administer(call above contacts first) Tylenol/Ibuprofen to my child.  
\_\_\_\_\_yes \_\_\_\_\_no

I give my permission for dorm teachers to administer(call above contacts first) Chinese medicine to my child.  
\_\_\_\_\_yes \_\_\_\_\_no

I give permission to the dorm teachers to share information relevant to my child's health condition with appropriate organization/hospital when needed to meet my child's health and safety needs \_\_\_\_\_yes \_\_\_\_\_no

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_