



The Cybersecurity Summer Academy

Emergency Health Form

Dates: June 19 – June 23, 2017



IA-REDI

ALL SECTIONS MUST BE COMPLETED

APPLICANT HEALTH INFORMATION

Participant's Name _____

Does the participant have allergies? _____ if yes, please identify _____

Date of last tetanus shot _____

Is the participant under the care of a physician for a medical condition? _____ if yes, please identify _____

Is the participant currently on medication? _____ if yes, please identify _____

EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY, CALL (include area code) _____

Name _____ Employer _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

V. INSURANCE INFORMATION

Insured's Name _____ Relationship to Academy Participant _____

Insured's Address (include city, state, zip) _____

Insurance Co. _____ Group Name _____

Group # _____

MEDICAL CONSENT

"In the unlikely event that my child becomes ill or is injured, I authorize and direct the Norfolk State University Staff to provide immediate care and if necessary, take my child to the hospital or physician most easily accessible. I release the Cybersecurity Summer Academy, its staff, and Norfolk State University, from any claim of liability, financial or otherwise."

(Click check box below)

*

Parent Name _____

Parent Signature _____ **Date** _____



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