



## The GenCyber Summer Camp

### Emergency Health Form

Dates: July 5 - July 15, 2016

***ALL SECTIONS MUST BE COMPLETED***

#### APPLICANT HEALTH INFORMATION

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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

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**IN CASE OF EMERGENCY, CALL (include area code)** \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

#### INSURANCE INFORMATION

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Insured's Name \_\_\_\_\_ Relationship to Camp Participant \_\_\_\_\_

Insured's Address (include city, state, zip) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group Name \_\_\_\_\_

Group # \_\_\_\_\_