

Bergen County Academies  
Math Competition Camp  
**Student Health Information Form**



*To be completed by the parent or guardian; please hand in on the first day of camp:*

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone number (primary): \_\_\_\_\_ (secondary): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

*In an emergency, if unable to reach a parent/guardian, contact:*

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*Health History: Please check all that apply:*

Ear Infections       Glasses/contacts       Asthma       Seizure Disorder

Headaches       Heart disease/defect       Diabetes       Nose Bleeds

Other: Please explain: \_\_\_\_\_

*Allergies: Please check all that apply:*

Penicillin       Sulfa       Aspirin       Hay Fever

Insect Stings       Peanut/Nut       Dairy       Other: \_\_\_\_\_

**Medications:** Students may not have medications (pill or oral liquid) in his/her possession. This includes over-the-counter medications like Tylenol. All medications must be given to and be held by the school nurse, who will administer medications according to the physician's written instructions.

*Medications to be given out by the school nurse:* \_\_\_\_\_

Check here if you believe the school nurse should be immediately notified of your child's medical student health information form for conditions listed above and/or medications to be administered.

I am familiar with the program and the general nature of activities planned for my son/daughter during this program, and to the best of my knowledge the above information is correct and my child is capable of participating in and has permission to engage in all activities.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*