

CabSummer Medical / Information Form

Child's Name: _____ Sex: ___ DOB: _____ Ethnicity: _____ Grade entering: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ E-mail: _____
 Father/Guardian: _____ Cell Phone: _____ Work Phone: _____
 Mother/Guardian: _____ Cell Phone: _____ Work Phone: _____
 How did you hear about CabSummer?: _____

Is your child currently receiving special education services?: _____
 If yes, a copy of the IEP MUST be attached.

MEDICAL INFORMATION

If parents/guardians cannot be reached, call:

1. _____ Phone: _____
 2. _____ Phone: _____

Family Physician: _____ Phone: _____ Dentist: _____ Phone: _____
 Eye Doctor: _____ Phone: _____ Preferred Hospital: _____

Indicate student's serious medical problems: _____

Student is allergic to: O Penicillin, O Aspirin, O Other: _____

I give permission for my child to have non-aspirin pain reliever as needed: O No O Yes

Date of last Tetanus (DPT): _____ OPV: _____ MMR: _____ HIB: _____ HepB: _____ Varicella: _____

The Delaware Division of Public Health requires that the above vaccination dates be kept on file for all students. Students cannot register without updated medical information. Records currently on file with Cab Calloway School of the Arts are not acceptable.

Medical Insurance Co.: _____ Member ID #: _____ Group #: _____

In order to provide the best experience possible for your child please check where appropriate:

GENERAL INFORMATION:	No	Yes		No	Yes		No	Yes
ADHD			Cancer			Hemophilia		
ADD			Convulsions/seizure			High blood pressure		
Asthma			Diabetes			Kidney disease		
Autism			Heart trouble			Leukemia		
Cancer								
Other information: _____								

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT** expired, including inhalers and EpiPens. All medications must be clearly labeled with child's name and name of camp. All medications must be turned into the camp director.

Does your child require handicap accessibility? O No O Yes

CONDUCT POLICY	NON-DISCRIMINATION POLICY
School relationships are based upon trust, mutual respect and confidentiality. For our children to have a more positive experience, we require: respectful dialogue, appropriate use of equipment and compliance with safety rules. Aggressive or bullying behavior is unacceptable. We reserve the right to dismiss any student whose conduct is detrimental to the program, whose needs will not be met within the context of our program, or whose family does not respect the rights of other camp families. No refund will be issued.	CabSummer admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational and admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

PHOTOGRAPHY: From time to time CabSummer students are photographed by representatives of the news media in conjunction with the camp's activities. Students also are routinely photographed for inclusion in school-related materials disseminated to the public in print and via the internet. Parents who do not want their children photographed should contact the office at 302-766-3411

I hereby waive and release CabSummer LLC from any and all liability for any injuries or illness incurred while attending CabSummer 2012 programs. I have no knowledge of any physical condition that would be affected by the above named student's participation in the program.

Parent/Guardian Signature: _____ Date _____