







Student Health Information

This information will be provided to medical personnel should your child need emergency medical attention.

Student Name: Last First M.I. Nickname

Is your child allergic to insect bites/stings? Yes Not to my knowledge

If yes, please explain:

Does your child have food allergies? Yes Not to my knowledge

If yes, please explain:

Does your child have other allergies (medicine, seasonal/environmental allergies, etc.)? Yes Not to my knowledge

If yes, please explain:

Does your child have a behavior disorder? Yes Not to my knowledge

If yes, please explain:

Does your child have asthma? Yes No

Does your child have diabetes? Yes No

Does your child experience seizures? Yes No

Date of last tetanus or DTP shot:

Please list and describe any other physical or behavioral conditions your child may have and/or experience:

List all current medication(s), including dosage and timing. Include prescription and over-the-counter medications.

Medication: Dosage: Schedule:

Purpose:

Medication: Dosage: Schedule:

Purpose:

Medication: Dosage: Schedule:

Purpose:

Please list any side effects from medications described above:



Student Health Information (continued)

This information will be provided to medical personnel should your child need emergency medical attention.

Student Name: Last First M.I. Nickname

Students may not bring any medications, including inhalers, epi-pens and over-the-counter medication, without a doctor's prescription/order. BBCC staff and volunteers will NOT administer medications. Medications need to be administered by parents/guardians prior to arrival at camp. However, students may bring and self-administer asthma inhalers, epi-pens or other emergency medications. A doctor's prescription/order must be submitted.

Parent/guardian will administer medications before student comes to camp.

My child will be self-administering the following medications during camp hours (please include type, purpose and dosage):

Blank lines for listing medications.

Medications must be kept in the pharmacy-labeled container or original packaging.

Does your child have any activity limitations and/or restrictions? Yes No

If yes, please explain: Blank lines for explanation.

Physician: Phone: Facility:

Dentist: Phone: Facility:

The information provided on this form is complete and accurate to the best of my knowledge. I understand that it is my responsibility to notify the BBCC Summer Camp Coordinator of any changes in the information provided on this form. I understand that in the event of accident or illness, every effort will be made to contact a parent/guardian immediately. If parent/guardian cannot be reached, I authorize Big Bend Community College authorities or summer camp staff/volunteers to obtain emergency care for my child.

Parent/Legal Guardian Name:

Signature: Date:



Student Name: \_\_\_\_\_  
Last First M.I. Nickname

**Image and Voice Recordings Consent**

Big Bend Community College documents, through media, many college activities on and off campus. This documentation includes, but is not limited to, digital photographs, voice recordings and/or video or digital moving images. BBCC uses this media documentation for publication or promotional purposes. Images/video/recordings may be used in print media, newspaper, television, video, or on the BBCC website.

BBCC may also interview students/participants about their experiences at BBCC. The student/participant name may be cited when using interview comments in connection with BBCC publications or promotional pieces as described above.

Consent to use of student/participant images and recordings is NOT a condition of participating in college activities.

Consent can be revoked at any time upon notice to BBCC without any impact to the student/participant and their BBCC activities.

**We AGREE to use of digital images or voice recordings as described above:**

Parent/Legal Guardian Name: \_\_\_\_\_  
*(for participants less than 18 years of age)*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student/Participant Name: \_\_\_\_\_

**We do NOT agree to use of digital images or voice recordings as described above:**

Parent/Legal Guardian Name: \_\_\_\_\_  
*(for participants less than 18 years of age)*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student/Participant Name: \_\_\_\_\_

**General Release and Consent**

In consideration of authorization for my child to participate in the \_\_\_\_\_, I agree to hold Big Bend Community College harmless from any and all liability or action, as may be allowed by law, as a result of my child's participation in this program. I hereby specifically acknowledge there are or may be risk from the activities set forth above and agree that my child is physically able to participate in the activity. I specifically assume the risks associated with the activities above, included but not limited to any damages to my child that are inherent in the activities.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_