



Curiosity Camp

Student Health Services Information and Required Forms

Please email all completed forms to:

wellnesscenter@simons-rock.edu

or via mail to:

Curiosity Camp

c/o Wellness Center

84 Alford Road

Great Barrington, MA 01230

CAMPER NAME: _____

IMPORTANT

Please follow the guidelines described below. Doing so will mean less confusion and less work, both for families and for the staff of Curiosity Camp.

1. The completed forms must be returned **by July 6**. Failure to do so may result in the camper losing their place at camp.
2. Do not send separate sections of the medical forms at different times. Return only when the entire form has been completed.
3. Do not ask your doctor to mail the form (or some section of it) to us. In the past this has often resulted in the form not arriving on time (or at all).
4. Complete all of the pages, including this page.
5. Your doctor is welcome to attach relevant documents to the form, but please do not send a different form in place of our own. Be sure to supply all of the requested information. Be sure your doctor signs in all required places.
6. We need to receive the completed form **by July 6**.

*******BE SURE TO ATTACH A COPY OF YOUR HEALTH INSURANCE CARD*******

(Attach on the following page. Both FRONT and BACK are required)

CAMPER NAME: _____ **DOB:** _____

Confidential Sharing Agreement and Consent for Treatment

The college assures that medical information will be regarded as confidential and shared only as necessary for the camper's immediate safety. All minor students (under 18) cannot remain on campus until this consent for treatment form is signed by parent/guardian

Parental Permission: This consent form must be signed by a parent/legal guardian so that appropriate diagnosis and treatment may be given, without unnecessary delays.

I hereby give my permission for the nursing staff at Curiosity Camp Health Services and their off-site medical providers to provide and share medical information as needed for the medical treatment of my camper during the time they are enrolled as a camper. Furthermore, I give my permission to Curiosity Camp to arrange for/or provide transportation for my camper to receive medical treatment. In case of an emergency, I give my permission for transportation and treatment of my camper at a medical facility which may include: ambulance transport, medical treatment, psychiatric evaluation and/or treatment, and when necessary, hospitalization.

Signature of parent/guardian **(required if student is under 18 years of age)** Date

Insurance Data

Do you have health insurance coverage under a family your individual policy? Yes No

(Participants are required to have health insurance for the duration of their time on campus. International students must have insurance that is applicable in the US)

*****PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD HERE***
BE SURE TO COPY BOTH THE FRONT AND BACK OF THE CARD**