**Shady Side Academy Summer Programs  
Health Intake Form**

**Camper Name:**

**Birthdate:**

**Grade as of September 2017:**

**Gender:**

**Allergies:** Please list ALL camper allergies, including the camper’s reaction, treatment, and medication dosage.

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**Diet:** Shady Side Academy Summer Programs are 100% nut aware. We also offer gluten free and vegetarian options. Does your child require any dietary accommodations?

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**Special Needs:** To ensure a successful summer, please list and describe all of your child’s special needs, including but not limited different learning styles; emotional, social, physical, behavioral or psychological issues. We ask that you provide all relevant documentation from your child’s physician in order to make sure that we are fully equipped to help your child in every possible manner. After completing the form, if you would like to explain any situation in further detail please call Nathan Verbanets, Summer Programs Director, at 412-447-2230.

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**Health History Please Explain any “yes” answers**

Does your child:

**Have recurrent/chronic/genetic illness?**  yes/no

Has your child:

**Had a recent infectious disease?** yes/no

Has your child:

**Had a recent injury?** yes/no

Does your child:

**Have asthma/wheezing/shortness of breath?** yes/no

Does your child:

**Have diabetes?**  yes/no

Has your child ever:

**Had seizures?**  yes/no

Has your child ever:

**Exhibited signs of fainting or dizziness?** yes/no

Has your child ever:

**Had chest pain during exercise?**  yes/no

Does your child:

**Have any skin infections or concerns?** yes/no

Has your child:

**Ever been hospitalized or had surgery?**  yes/no

Does your child:

**Have any physical activity restrictions?**  yes/no

Does your child:

**Have an aide in school?**  yes/no

Please use the space provided to detail any important physical, psychological or physiological health related information that will assist Shady Side Academy’s Summer Programs in providing a safe and fun summer 2017. Please attach any additional health related information.

Please list ALL prescription medication(s) prescribed to your child and the reason for taking it. If your child requires medicine during the camp day, our registered nurses will distribute as prescribed. We only accept labeled prescription medicines that are delivered in original containers from a parent/guardian to our office. Please DO NOT send medications with campers to camp. All prescription medications, including epi-pens and inhalers, taken during your child’s time at Shady Side Academy’s Summer Programs must be documented with *the Authorization for Medication form*, which is found on our website and in the confirmation email*,* and given to the Camp Nurse by a parent or legal guardian.

During camp, your child will be immersed in a new environment, with different rules, peers and teachers and your child will be working to cope and adjust to the new conditions. For this reason, we ask that you abstain from transitioning any medications during your child’s enrollment in our summer program unless medically necessary. Thank you!

**Additional Notes:**

1. *To attend East End Explorers, all children must be 3 years old by June 13, 2016 and potty trained.*
2. *To attend Day Camp Discovery or any other SSA Summer program, all children must be 5 years old by June 13, 2016 and potty trained.*
3. *Please attach an up-to-date Immunization Form from a Doctor’s office.*

***Parent/Guardian with legal custody to be contacted in case of illness or injury***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

***Second Parent/Guardian***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

***Third Emergency contact person that is able to pick up camper in case of Emergency***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Insurance Information**

Insurance Company Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Subscriber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Primary Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### PERMISSION FOR MEDICAL TREATMENT

I/we hereby grant permission to Shady Side Academy, its physicians, nurses, and/or trainers to render aid, treatment, medical or surgical care deemed reasonably necessary to the health and well being of our child. I/we further authorize the athletic trainers at Shady Side Academy to render any first aid or preventative, rehabilitative, or emergency treatment deemed reasonably necessary to protect the health and well being of the above named camper. I/we additionally grant, after every effort has been made to contact me and when necessary for protecting the health and well being of the above named camper, permission for hospitalization, treatment, or surgery at UPMC Saint Margaret’s or UPMC Children’s Hospital. The care and treatment of any child is primarily parental responsibility, I understand that every effort will be made to contact either parent first in case our child becomes ill or injured and I have answered all questions correctly. I/we have reviewed the Shady Side Academy Summer Programs policies.

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**DATE SIGNATURE OF PARENT/GUARDIAN**

**Please send back to SSA by June 1via email, fax or mail. Contact information listed below.**

**Email to** [**summerprograms@shadysideacademy.org**](mailto:summerprograms@shadysideacademy.org)

**Fax to:** 412-968-3213

**Mail to:** Shady Side Academy Summer Programs

c/o Nathan Verbanets

423 Fox Chapel Road

Pittsburgh, PA 15238