

SAT Participant Insurance Information

Insurance provider:	Policy holder:
Policy #:	Group #:

- I am sending a copy of my insurance card with this form.

I, _____ (name of parent/guardian), certify that the participant is insured under a policy with _____, and that this will serve as primary insurance. I also authorize any duly-appointed representative of Generation Joshua to direct any treatment and/or hospitalization needed as a result of injury or illness occurring during involvement in camp activities.

Signature of Parent/Guardian

Date

SAT Participant Uninsured Information

- I do not have health insurance.

I, _____ (name of parent/guardian) authorize any duly-appointed representative of Generation Joshua to direct any treatment and/or hospitalization needed as a result of injury or illness occurring during involvement in student action team activities. And take full responsibility for any costs incurred should _____ (name of participant) require health care during their stay.

Signature of Parent/Guardian

Date

Please email to SAT@generationjoshua.org or mail to:

Generation Joshua
1 Patrick Henry Circle
Purcellville, VA 20132

***NOTE: Health forms MUST be filled out for each participant. One form per participant.**

Participant Health Form

Name:		
Date of Birth:	Age:	Sex:
Address:		
City:	State:	Zip:
Home Phone:		
Cell Phone:		
Mother's Work or Cell Phone:		Father's Work or Cell Phone:
Emergency contact if parents/guardians cannot be reached:		

Health History

Check past medical conditions

- ear infections
- operation/serious health problem
- heart trouble
- chicken pox
- measles
- emotional disorder

Check Current Medical conditions

- infections
- asthma
- diabetes
- other illness
- potential health problems
- serious behavioral issue

Please list any recent illnesses, such as mono, pneumonia, bronchitis, etc.

Allergies:

- bees
- penicillin
- certain foods
- other drugs

List food allergies (please attach additional description a necessary):

List medications student is currently taking, including vitamins. (Prescription medicines must have a pharmacy label, including doctor's name.)

To the best of my knowledge this record of health history is correct. Participant has permission to engage in all SAT activities except as noted by myself in writing. If I cannot be reached in an emergency, I hereby give permission for the physician selected by the SAT Director or his designate to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I understand that if my child develops specific physical or emotional needs while on the SAT, Generation Joshua reserves the right to determine the appropriateness of continued SAT participation. Generation Joshua may require me to bring my child home.

Signature of Parent/Guardian

Relationship

Date