



MEDICAL INFORMATION FORM

Instructions for Medical Information Form

To ensure the health and safety of all participants at the Robomindset Summer Camp, it is essential that we have accurate and up-to-date medical information. Please follow the instructions below to complete the Medical Information Form:

1. **Participant Information:** Provide the full name, date of birth, age, gender, address, and parent/guardian contact information for the participant.
2. **Emergency Contact Information:** List an emergency contact who can be reached during the camp, including their name, relationship to the participant, and phone number.
3. **Medical History:**
 - Allergies: Specify any food, medication, or other allergies the participant has.
 - Chronic Conditions: List any chronic conditions the participant has (e.g., asthma, diabetes, epilepsy).
 - Medications: Provide details of any medications the participant is currently taking, including the name, dosage, and frequency.
 - Recent Illnesses or Injuries: Note any recent illnesses or injuries the participant has had.
 - Other Relevant Medical Information: Include any additional medical information that may be relevant to the participant's care.
4. **Medical Insurance Information:** Provide the participant's insurance provider, policy number, group number, primary care physician, and the physician's phone number.
5. **Consent for Medical Treatment:** Read the consent statement and provide the signature of the parent/guardian, along with the date, to give permission for emergency medical treatment if necessary.
6. **Additional Comments:** Use this section to provide any other information that might help us ensure the participant's safety and well-being during the camp.



Participant Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Age:** _____
- **Gender:** _____
- **Address:** _____

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- **Parent/Guardian Name:** _____
 - **Parent/Guardian Phone Number:** _____
 - **Parent/Guardian Email:** _____

Emergency Contact Information

- **Emergency Contact Name:** _____
- **Relationship to Participant:** _____
- **Emergency Contact Phone Number:** _____

Medical History

1. **Allergies:**
 - Food: _____
 - Medication: _____
 - Other: _____
2. **Chronic Conditions** (e.g., asthma, diabetes, epilepsy):

3. **Medications** (Please list any medications the participant is currently taking):



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- Medication Name: _____
 - Dosage: _____
 - Frequency: _____
4. **Recent Illnesses or Injuries:** _____
5. **Any Other Relevant Medical Information:** _____

Medical Insurance Information

- **Insurance Provider:** _____
- **Policy Number:** _____
- **Group Number:** _____
- **Primary Care Physician:** _____
- **Physician's Phone Number:** _____

Consent for Medical Treatment

I, the undersigned parent/guardian, give permission for my child,
_____ (participant's name), to receive
emergency medical treatment as deemed necessary by the camp authorities. I understand that
every effort will be made to contact me in case of an emergency.

Signature of Parent/Guardian: _____

Date: _____

Additional Comments

Please provide any additional information that may help us ensure the safety and well-being of your child during the camp:



Please ensure to customize any specific sections or add additional fields as per your camp's requirements.