

## Student 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 my child 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

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## Student 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 camper) require health care during their stay.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please fax to: Generation Joshua SATs at 540-338-8606

Generation Joshua  
P.O. Box 3000  
Purcellville, VA 20134

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

## Student Health Form

Name:	SAT Attending:	
Date of Birth:	Age:	Sex:
Address:		
City:	State:	Zip:
Parent/Guardian Home 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.

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Allergies:

- bees
- penicillin
- certain foods
- other drugs

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

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

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To the best of my knowledge this record of health history is correct. Student 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 to 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