

# Virginia Space Flight Academy Medical/Photo Release

## NOTE

The purpose of this form is not to invade your privacy, embarrass your child or to “weed out” difficult students. This form is simply about keeping everyone at our camp safe and happy. You are not obligated to share every detail of your child’s medical history, but the more information we have the easier it is to keep everyone safe.

## CAMPER INFORMATION

Camper's Name \_\_\_\_\_ Program Date: \_\_\_\_\_  
Age (as of camp date) \_\_\_\_\_ Birthday \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent E-Mail Address: \_\_\_\_\_  
Name and Phone Number of Camper's Physician \_\_\_\_\_

## EMERGENCY CONTACT

1st priority-- Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
2nd alternate-- Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_

## ALLERGIES

- Camper does not have allergies
- Hay Fever       Poison Ivy/Oak       Food       Penicillin or other drugs       Other

Please describe the reaction and treatment:

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## DIETARY RESTRICTIONS

- No restrictions       Vegetarian       Vegan       Other (please explain)

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## HEALTH HISTORY

- Recent injury, illness or infectious disease       Asthma       Autism/ASD\*       Homesickness       Other

Please provide an explanation for any checked items:

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\*We have lots of experience working with students with ASD but there is some basic information that can help us: What do you do to ensure your child has a good learning experience and a good social experience? What makes him/her happy? What stresses him/her out? Does your child have an IEP with your school? If so would you be willing to share it with us?

**MEDICATION**

Will the camper be taking any medication at camp?     yes                       no

**With the exception of emergency medication (e.g., bee sting kits, inhalers) all medication will be administered by camp staff.**

If yes please describe:

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**Please bring all medication in a zip lock bag with a 3x5 index card explaining dosage information**

**OTHER**

Is there anything else we need to know in order to provide the best possible camp experience for your child?

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*I, the undersigned, agree to indemnify and hold harmless The Virginia Space Flight Academy (VSFA) from all claims, damages, losses, injuries and expenses arising out of, or resulting from, my child's or participation in activities or programs of VSFA. I further agree not to sue or assert any claim for damages from VSFA, or any of their partners, regardless of whether such claim is for personal injuries or property damage. I expressly agree and promise to accept and assume all of the risks existing in camp. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless VSFA from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this camp or her/his use of VSFA's equipment or facilities. Should VSFA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. I certify that I have adequate insurance to cover any injury or damage my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that my child has no medical or physical conditions that could interfere with safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition. I authorize VSFA personnel to call for medical care to transport my child to a medical facility or hospital if, in the opinion of such personnel, that she/he needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of my child, in their professional opinion. I agree that once my child is in the care of medical personnel or a medical facility, VSFA shall have no further responsibility for her/him and I agree to pay all costs associated with such medical care and transportation. By signing this document, I acknowledge that if anyone is hurt or property is damaged during participation in this camp, I may be found by a court of law to have waived my right to maintain a lawsuit against VSFA on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.*

*I hereby give VSFA permission to use photographs, films and videotapes taken of my child at VSFA programs, for use in all of VSFA's promotional materials, media releases, and any materials promoting VSFA programs.*

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**Signature of Parent/Guardian**

**Printed Name**

**Date**