

EMERGENCY INFORMATION

Name _____

D.O.B. _____

Event/Camp _____

Sex M F

Home address _____

City _____

State _____ Zip _____ County _____

Parent/Guardian Name _____

Day Phone () _____

Evening Phone () _____

Cell Phone () _____

Emergency contact (if parents cannot be reached)

Name _____

Relationship _____

Day Phone () _____

Evening Phone () _____

INSURANCE INFORMATION

Company Name _____

Policy # _____

Name of Insured _____

TEXAS LUTHERAN UNIVERSITY HEALTH AND RELEASE FORM

HEALTH HISTORY

ALLERGIES

Medication _____

Food _____

Other (insect, etc.) _____

- | | |
|---|--|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Hyperactivity (ADHD) | <input type="checkbox"/> Emotional Difficulties |
| <input type="checkbox"/> Other _____ | |

Recent operations / injuries / illness:

Limitations to activity:

MEDICATIONS:

All participants under 18 years of age who stay in university housing must turn in all medications (prescription and over-the-counter) at check-in. Asthma inhalers and "epi-pens" may be kept by the camper.

- List medications to be checked in. Participant's name must be on all medication.

First Aid provider can give my child the following:

- Ibuprofen (i.e. Advil)
- Acetaminophen (i.e. Tylenol)
- Chloroseptic lozenges
- Diphehydramine (Antihistamine) (i.e. Benadryl)
- Imodium AD Caladryl lotion
- Decongestant (i.e. Sudafed)

If at any time it is necessary for my child/ward to receive outside medical attention for an injury/illness sustained at Texas Lutheran University's (TLU) Summer Programs event, I hereby give my consent to the Summer Programs staff to secure necessary services. The Summer Programs staff will attempt to contact me, but the first aid provider, TLU nurse, EMS paramedics, or the Guadalupe Regional Medical Center and its doctors and nurses have my permission to treat, and/or prescribe medications to my child/ward while enrolled or participating in any activity under the auspices of TLU. Also, I do hereby for myself, my heirs, executors, and administrators release, absolve, and hold harmless the University, its employees, and agents from any and all liability for any injuries, illnesses, or damage to person or property incurred while at the Summer Programs event, which include, but are not limited to cuts, bruises, sprains, strains, and broken bones.

Parent's/Guardian's Signature

Date _____

Please complete the entire form (front, back, and side) and send to:

Texas Lutheran University
Summer Programs
1000 W. Court St.
Seguin, Texas 78155-5978
830-372-8083 • www.tlu.edu

Name _____
Last _____
First _____
MI _____
Event _____
Dates _____

RULES OF SUMMER PROGRAMS

- Classes/events will be attended on time.
- Possession or use of tobacco, alcohol, marijuana, chemicals, non-prescription drugs, or any other drug is prohibited.
- Housing is in residence halls; all housing rules are followed, and respect for privacy and the possessions of others is expected.
- Skateboards and rollerblades are not permitted and should not be brought to campus.
- Valuable jewelry and sentimental items should be left at home. **Texas Lutheran is not responsible for lost or missing items.**
- Boys and girls are housed separately and rooms of the opposite sex are off limits at all times.
- Cars must remain in designated parking lots the entire TLU Summer Program session.
- **It is inappropriate to have family or friends visit in the residence halls while camp is in session.**
- Participants are not allowed to leave the campus unless on an official camp field trip.
- Any damaging, altering, or removal of property will result in removal from camp, and assessed charges will be the sole responsibility of the parent/guardian, including fees for setting off false alarms.
- Texas Lutheran has permission, without further consideration, to take and use, or authorize the use of, pictures, movies, statements or other forms of publicity for future promotion.

(continued)

- Texas Lutheran reserves the right to protect our campers from others and him/herself and to maintain the integrity of the event. Therefore, if he/she is observed with, or found in possession of tobacco, alcohol, or drugs; exhibits inappropriate behavior; leaves the property; or is involved in any major disturbance (as determined by TLU Summer Programs personnel), the parent/guardian will be contacted and the camper will be sent home immediately at parental expense without refund.
- TLU Summer Programs' refund policy is stated on the application.
- Bills incurred by the camper for EMS, hospital visit, doctor's office visit, filling of prescription(s), etc. are the responsibility of the camper's parent/guardian.

*In accordance with the rules of TLU's Summer Programs I, the undersigned parent and/or legal guardian, hereby give my consent for my child/ward to participate in all event activities **except:***

Parent's/Guardian's Signature

Date _____

TLU

TEXAS LUTHERAN UNIVERSITY

SUMMER PROGRAMS

AGREEMENT AND HEALTH FORM

*We look forward to
having you on campus
this summer!*

IMPORTANT: This form must be completed by participant and parent/guardian and be on file in the TLU Summer Programs Office in order to participate.