

## Northwestern Neuroscience Camp Parental Medical Consent

acceptance to the camp. you should submit this fo	Once notified of acceptan rm and your \$100 deposit osit check (made out to N <b>78</b> .	nce (which will o t check to hold y lorthwestern Co	cation and been notified of ccur on or before Monday, May 19), our place in the camp. This form is du ollege, with "NNC" on the memo		
	r and authorize any emer	, p gency medical c	parent/guardian of the student named are and/or treatment that he/she uroscience Camp staff.		
The phone numbers at wl	nich I, the parent(s)/guarc	dian, can be read	ched are as follows:		
Daytime	Cell		Evening		
Is the student taking any	medications? 🛛 🛛 Yes	🖵 No			
If yes, please list					
Does the student have an	y allergies (especially foo	d allergies)?	🗅 Yes 🔷 No		
If yes, please list					
	ant have any other specia Yes DNo	l health or food	considerations of which camp staff		
Physician's name(s) and t	elephone number(s)				
Name(s)		Telephone	one number(s)		
injuries sustained on cam	pus. Coverage under your	plan is necessar	cover the medical costs related to ry to cover any such costs that might nsurance does not cover such items.		

(Continued on next page)

You should check your household insurance to determine if coverage is provided under your plan.

## If parent/guardian is unavailable, other relative/friend to contact in case of emergency:

Name and relationship to partic	cipant	 	
Telephone number(s)		 	

Parental/guardian signature

Date

**After notification of acceptance**, send this form along with your \$100 deposit check (made out to Northwestern College, with "NNC" on the memo line) by Wednesday, May 28, to:

Dr. Ralph Davis – NNC Northwestern College 101 7th Street SW Orange City, IA 51041 Phone: 712-707-7006 Email: redavis@nwciowa.edu