



COLLEGE OF ENGINEERING
OFFICE OF INFORMATION TECHNOLOGY & CAEN
2318 DUDERSTADT CENTER
2281 BONISTEEL BOULEVARD
ANN ARBOR, MICHIGAN 48109-2094

CAMP CAEN
PHONE: (734) 936-8039
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EMAIL: campcaen@umich.edu
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Camp CAEN 2008 Supplemental Forms Packet

We want your child to have the best possible experience at Camp CAEN. In order for us to responsibly supervise your child, we need to have the necessary health and medical information on file. This packet contains several forms that must be completed and sent to the Camp CAEN Office before the start of camp. Please complete the entire packet before sending it in; any incomplete packets will be returned. All of the following forms, as well as a photocopy of your child's **Medical Insurance Card**, must be on file for your child to be allowed to attend Camp CAEN:

1. Emergency Contact Form
2. Medical Information Form
3. Health Insurance Form
4. Physical Examination Form (to be completed by student's Physician)
5. Parental Consent and Release of Liability
6. Photocopy of Medical Insurance Card
7. Additional Forms Packet for the University of Michigan Challenge Program (this is required **ONLY** for campers who are staying for a two-week residential program)

Please mail all completed forms and the copy of your child's Medical insurance card to the Camp CAEN office:

Camp CAEN Office
2318 Duderstadt Center
2281 Bonisteel Boulevard
Ann Arbor, MI 48109-2094
(734) 936 - 8039
campcaen@umich.edu

The University of Michigan Conference Management Services (UM-CMS) is assisting with Camp CAEN this year. All payments and registration inquiries should be sent to UM-CMS:

Conference Management Services: Camp CAEN Registrations
627 Oxford Road
Ann Arbor, MI 48104-2634
(734) 764 - 5297

Thank you for your cooperation,
The Camp CAEN Staff

CAMP CAEN 2008 - EMERGENCY CONTACT FORM

Camper

Camper Name _____ Home Phone _____

Date of Birth _____ Residential or Commuter _____

Address _____

Physician

Personal Physician _____ Physician Phone _____

Physician Address _____

Emergency Contacts

Parent/Guardian 1 _____ Relationship _____

Day Phone _____ Evening Phone _____

Parent/Guardian 2 _____ Relationship _____

Day Phone _____ Evening Phone _____

Additional Contact _____ Relationship _____

Day Phone _____ Evening Phone _____

CAMP CAEN 2008 - MEDICAL INFORMATION FORM

Please Indicate any medication(s) which is/are taken on a regular basis. Campers should be sure to bring an adequate supply of their medication(s) with them.

Name of Medication _____ Prescribing Physician _____

Dosage Instructions _____

Name of Medication _____ Prescribing Physician _____

Dosage Instructions _____

Is there a medical history involving any of the following (yes or no):

Allergies _____ Heart Disease _____

Convulsions _____ Phobias or Fears _____

Diabetes _____ Past Injuries/Illnesses _____

Disabilities _____ Past Operations _____

Epilepsy/Seizure Disorder _____ Other _____

If you answered yes for any of the above or indicated "other", please explain in detail:

_____ (please attach additional sheets as necessary)

Please advise of any special instructions, side effects or emergency procedures:

_____ (please attach additional sheets as necessary)

Date of Last Tetanus Booster _____ Date _____

Camper's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

CAMP CAEN 2008 - HEALTH INSURANCE FORM

Private insurance information must be provided, if available. If a camper does not have private health insurance, be advised that, should medical attention be required, the camper will be responsible for paying any costs

Camper Name _____ Date of Birth _____

Camper's Address _____

Policyholder's Name _____ Relationship to Camper _____

Policyholder's Address _____

Insurance Company Name _____

Address of Insurance Company _____

Phone of Insurance Company _____ Effective Date _____

Group # _____ Policy # _____

Contract # _____ Employee # _____

Primary Care Physician Name _____

Primary Care Physician Phone _____

I hereby authorize the release of any medical information which might be needed in connection with payment for medical services.

Camper's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I request that payment under my medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for fees not covered by this authorization.

Camper's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

CAMP CAEN 2008 - PHYSICAL EXAMINATION

Camper Name _____

Date of Birth _____ Height _____ Weight _____

Blood Pressure _____ Pulse _____ Vision _____

	Normal	Abnormal	Comments	Initials
Heart				
Lung				
Ears				
Mouth				
Musculoskeletal				
Neck				
Shoulder				
Elbow				
Wrist				
Hand				
Back				
Hip				
Knee				
Ankle				
Foot				

THIS FORM MUST BE SIGNED BY THE CAMPER'S PHYSICIAN

Physician Name _____ Physician Phone _____

Physician Address _____ Physician Fax _____

Physician Signature _____ Date _____

CAMP CAEN 2008 - PARENTAL CONSENT & RELEASE OF LIABILITY

As the parent/guardian, I certify that _____ has my permission to participate in the Camp CAEN program. He/She has my permission to accompany the class on field trips that are a part of the group activities.

Authorization to Consent to Treatment

I/We do hereby delegate to Camp CAEN, its employees, clinicians, trainers, nurses or agents the authority to seek, obtain, and approve any medical care and treatment including, but not limited to, x-ray examination, anesthetic, medical, dental or surgical diagnosis, or treatment and medical care which is deemed advisable by, and is to be rendered under the general supervision of any physician or surgeon, for the above-named minor which, in their judgment, is necessary for the health and well-being of said minor during his/her participation in Camp CAEN.

I/We assign payment to those medical vendors for all services that these same medical vendors may render. It is understood that this authorization is given in advance of any specific diagnosis, treatment or medical care being required and is to serve as specific consent to any and all such diagnoses, treatment or hospital care which may be deemed advisable. I/We understand that I/we are responsible for any costs incurred that are not covered by insurance and I/we agree to hold the University of Michigan and Camp CAEN, its employees or agents harmless for any liability arising out of any good faith actions taken in seeking and obtaining medical treatment for above-named minor.

Release of Liability

In consideration of the participant attending Camp CAEN, the undersigned parent/guardian hereby releases and holds harmless the Regents of the University of Michigan and its employees (hereinafter collectively referred to as "University") and its employees (hereinafter collectively referred to as Program/Camp") from any and all liability occurring during the participation of the undersigned child in this program.

In particular, the undersigned parent/guardian acknowledges that he/she and such child will not hold the University or Program/Camp liable for any expenses, property damages, personal injuries and/or death sustained by such child while participating in the program/camp. Furthermore, the undersigned parent/guardian acknowledges that he/she has been, prior to the commencement of Camp CAEN is aware of and understands the risks involved in such activity, and is prepared to assume, on behalf of such child and himself/herself, all of such risks as his/her and the child's sole responsibility.

It is my understanding that said child will be subject to the rules and regulations of the University of Michigan, CAEN, and Camp CAEN. The *CAEN Conditions of Use* are included in the student acceptance packet of information. I understand that any student found in possession of fireworks, explosives, any and all weapons, or under the influence of, alcohol or illegal drugs will be immediately expelled from the program/camp. I also understand that if my child repeatedly disobeys University or Program/Camp policies and regulations, he/she may be expelled from the program. I understand that my child will have unrestricted access to the Internet, and that some material that he/she has access to may be objectionable.

Media Reproduction & Distribution Release

During this educational program experience, photographs, audio and video tape footage may be taken to document the program. I hereby grant CAEN and the University of Michigan, its assignees, contractors, licensees, sponsors and transferees permission to record my likeness and voice and the right to use my likeness, voice and name in any professionally produced or distributed products or materials, for any broadcast of the products or materials, and any publicity for the aforementioned products or materials. I understand that such use may include publication, media reproduction, audio and/or video broadcast, Internet distribution/access and other uses as desired by the University of Michigan and its employees from and against any and all liability arising out of or connected in any way with the use of reproductions of my image, voice, or text.

Note: If you choose not to grant permission for media reproduction and distribution, it is your responsibility to notify our staff and make proper arrangements prior to any schedule event or activity.

Terms of Agreement

The terms and conditions of this Agreement shall be legally binding upon the undersigned parent/guardian and such child and his/her respective estate, representative and assigns.

Camper/Participant Signature _____

Date _____

Parent/Guardian Signature _____

Date _____