

Mailing Address:
Extended Studies
University of Nevada, Reno/0048
Reno, NV 89557 USA
Fax: (775) 784-4801
Email: xsforms@unr.edu

HEALTH FORM
University of Nevada, Reno - Extended Studies
Identification and Emergency Information
(To be completed by parent or guardian and returned by mail, fax, email or in person.)



Physical Location:
Redfield Campus
Nell J. Redfield Building A
18600 Wedge Parkway
Reno, NV 89511 USA
Phone: (775) 784-4062

Please check the appropriate program:

KIDS University Lake Tahoe Music Camp KIDS University Break Camp Other: _____

PLEASE PRINT

Child's Last Name _____ First _____ Birthday ____/____/____ Age _____ Sex _____

School attending in the fall _____ Grade _____ Contact Email _____

Child's Address _____ City _____ State _____ Zip _____

Parent 1 Name _____ Day Phone _____ Night Phone _____

Home Address _____ City _____ State _____ Zip _____

Parent 2 Name _____ Day Phone _____ Night Phone _____

Home Address _____ City _____ State _____ Zip _____

Additional people who may be called in an emergency:

	Name	Day Phone	Night Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

People authorized to take your child from facility: (Government I.D. required)

1. _____ 3. _____
2. _____ 4. _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Medical Information (allergies, medications, etc.): _____

Additional information program leaders may need: _____

Child's environmental or medical allergies that we should know about: _____

Is the child taking any medication at this time? If so, for what reason: _____

(Please register any prescription medicine with the camp director)

Describe any recent illnesses or injuries: _____

Please check the following first aid medication your child can take:

Advil Tylenol Aspirin Pepto Bismol Kaopectate Other: _____

Please list insurance carrier and policy number _____



Signature (Parent/Guardian)

Date

Please complete, print and sign form to submit.