

SUMMIT DEBATE | Health History Form | 2017 | IOWA

NAME: _____ [Last Name, First Name]

Institute: NDF INT EXL

Event:

Clearly and neatly complete all sections

Return this form with a photocopy of your insurance card via e-mail to: info@summitdebate.com or via regular mail to: SUMMIT DEBATE, 6511 Nova Drive #279, Davie, FL 33317, by July 1, 2017

Section I:**Health Concerns: Does your child suffer from any of the following?***(Check the appropriate box and list any concerns that we should be aware of)*

- Ear infections No
- Depression No _____
- Rheumatic Fever No _____
- Asthma No _____
- Convulsions/Seizures No _____
- Diabetes No _____
- Heart Condition No _____
- Allergies
 - Hay Fever _____
 - Insect Stings _____
 - Penicillin _____
 - Aspirin _____
 - Food _____
 - Environmental _____
 - Other _____

Please check the following that your child has had:

- Chicken Pox
- Measles
- Mumps
- Other _____

Section II: Please answer the following medical related questions, to assist us in seeking treatment for any illness or injury:

List any operations or serious injuries:

List any chronic illnesses:

List any prescription drugs student will need to take while at the institute and the student will have these medications in their possession: _____

(Remember that prescription medication must accompany student in the original container with the physician's orders on the label. If your child is in possession of a prescription drug that is a controlled substance, it will be mandated that Summit Debate Administration keep the medication and distribute the medication to the student. There must be full disclosure at registration about the prescriptions that students have brought to institute)

List any special dietary concerns.

Has anything happened recently in your child's life that our administration should be made aware of?

Does your child have "activity" limitations? No

If so, please advise our staff how you would like us to respond to those limitations.

Are there any other health concerns?

AGREEMENT REGARDING OVER THE COUNTER MEDICATIONS:

SUMMIT DEBATE WILL PROVIDE THE FOLLOWING, IF NEEDED: Tylenol, Advil, Aleve, Cough Drops, Cough Medicines (Day and Night formulas), Benadryl, Tums/Roloids and Immodium AD. ALL OTHER MEDICATIONS WILL NEED TO BE PURCHASED BY THE STUDENT.

PLEASE CHECK OFF THE BOX REGARDING YOUR PREFERENCE TO ADMINISTERING THESE MEDICATIONS:

Summit Debate administration may administer over the counter medications without contacting me.

No. Contact me before administering any over the counter medications.

CONSENT TO TREATMENT

I give Summit Debate permission to seek additional medical treatment for _____, if there is a medical emergency.

Signature of Parent

Date

Emergency Contact Number _____

Name of Contact Person/relation to student _____

Summit Debate | TRAVEL FORM | 2017 | IOWA
Please return by July 1, 2017 in order to insure correct processing.

NAME _____
 [Last Name, First Name]

Event NDF PF

Arrival Date: Friday July 28, 2017 Departure Date: _____

STUDENT CELL PHONE TO CALL ON ARRIVAL DAY: _____

Check the Program You Are In:

Resident

Commuter

RESIDENT ROOM MATE REQUEST: _____
 [Last Name, First Name]

Please check the appropriate section below, as it applies to you:

I will be a commuter and will be arranging my own transportation each day.

I am a resident and have arranged my own transportation.

I am a resident and I need arrival only, **one way**, airport shuttle \$30.00

I am a resident and I need departure only, **one way**, airport shuttle \$30.00

I am a resident and I need **both arrival and departure, round trip**, airport shuttle \$60.00

VERY IMPORTANT MESSAGE TO ALL STUDENTS REQUESTING AIRPORT SHUTTLE SERVICE:

The airport is Boston Logan International Airport. Please be sure to attach all flight numbers (including connections). **You must attach a copy of your e-ticket or itinerary to allow us to monitor your flight arrival and connections on arrival day.** ALL students arriving at Boston Logan will be met in baggage by a Summit Debate representative. Representatives will be holding Summit Debate signage, so they will be visible to students arriving in the baggage area.

PLEASE DO NOT SEND THIS FORM BACK, UNTIL YOU HAVE DONE FINAL TRAVEL ARRANGEMENTS.
 If 1- 7 days late, a \$30.00 late fee will be applied, if 8-16 days late a \$50.00 late fee will be applied and if turned in on registration day a \$100.00 late fee will be applied to the account. Please do not delay.

E-MAIL to info@summitdebate.com or MAIL BY JULY 1, 2017 TO:
 Summit Debate, 6511 Nova Dr. #279, Davie, FL 33317