

GENERAL INFORMATION FORM / JACKSON PUBLIC SCHOOLS (JROTC) INSTITUTE OF HEALTH CAREERS

To be completed by student/guardian or parent:

Participant Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home/cell): _____ Email: _____

Guardian/Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home/cell): _____ Email: _____

Relation to Participant: _____

Name of High School: _____

Name of Local Newspaper: _____

Cadet Rank: _____

Cadet Grade for 2019/2020 School Year: _____

Cadet t-shirt Size: (S M L XL XXL XXXL)

Winning Colors Classification: (Red Blue Brown Green)

GENERAL INFORMATION FORM / JACKSON PUBLIC SCHOOLS (JROTC)

INSTITUTE OF HEALTH CAREERS

1. Can this student participate in normal physical activities? Yes No

If no, please explain:

2. Does this student have any medical or physical conditions which should be known to camp staff? Yes No

If yes, please explain:

3. What are some of this student's interests, activities, and talents?

Please return all forms to your sponsor.

JACKSON PUBLIC SCHOOLS / HEALTH CAREER CAMP

HEALTH FORM

PARTICIPANT: _____
Last First

HOME ADDRESS: _____

Street Address: _____

City State Zip: _____

EMERGENCY CONTACT:

In case of emergency, please notify: _____

Address & Phone Number of emergency contact if different from above:

Relationship to participant: _____

HEALTH INFORMATION:

Date of last Tetanus shot _____

Significant Health Problems or Allergies:

Drug Allergies: _____

Medications currently taking: _____

I have completed a health physical in the last 12 months ____ Yes ____ No

If you answered "No," a physical must be completed before attending Health Career Camp.

HEALTH INSURANCE:

Insurance Company: _____

Mailing Address: _____

Phone Number: _____ Policy #: _____ Group #: _____

Policyholder's name: _____

Relationship to participant: _____

Please return all forms to your sponsor.