**ESL Bridge**

**Student Information Form**

\*Please complete this form and return it

Upon receipt

**Student Information:**

Last: First: Middle:

Date of Birth: Age: Gender:  Male  Female

Height: Weight: Passport Number:

Street Address: State:

Country: Country of Citizenship:

Email Address: Phone:

T-shirt size: (circle one) YS YM YL S M L XL

ESL Session: Date: Location:

**Parent Information:**

Father’s Name: Email:

Address:

Home Phone: Cell Phone: Work Phone:

Mother’s Name: Email:

Address:

Home Phone: Cell Phone: Work Phone:

**Emergency Contact:**

Contact Name: Email:

Address:

Home Phone: Cell Phone: Work Phone:

**Do you have siblings/relatives attending Camp?**

Affix

Photo

Here

3cm x 4cm

or

2 in x 2in

**Name:**

**Name:**

**Name:**

\***Mandatory**, please attach a photograph of yourself on the

box provided. It helps our staff become more familiar with

you before you arrive at camp. Thank You.

**ESL Bridge Health Form**

Student’s Name**:**  Age:

**Medical Insurance Information**

Insurance Company: Policy Number:

Subscriber: Insurance Company Phone Number:

**Medical Emergency Contact:**

Contact 1

Name:

Relation:

Daytime Phone:

Evening Phone:

Contact 2

Name:

Relation:

Daytime Phone:

Evening Phone:

**Health History:** (Check any the boxes of any condition)

Asthma

Eating Disorder

Seizures/Convulsions

High Blood Pressure

Heart Problems

Diabetes

Sleep Disorder

Allergies

Cancer

Emotional Disorder (e.g. Anxiety)

Skin Disorder

Behavioral Disorder (e.g. ADHD)

Migraines

Other

Explain any marked items above:

Is the student taking any medication?  Yes  No

If yes, please describe the medication:

Note: All medication must be kept in a zip lock bag; send only the required amount

Directions for use of medication:

Note: Also write the directions on a 3x5 card and put it in the zip lock bag with the medication

Are there any Physical Restrictions?  Yes  No

If yes, please describe:

Other health information ESL Bridge might need to know: