



Tusculum Michiganiense MMXIX

CAESAR NON SVpra GRAMMATICOS

PARTICIPANT INFORMATION

Mail to:
Dr. David Noe
TUSCULUM MICHIGANIENSE • c/o Dept. of Philosophy and Classics Department
3201 Burton SE, Grand Rapids, MI 49546

Name: _____

1) How are you planning to arrive at/depart from Calvin College, 3201 Burton SE, Grand Rapids, Michigan 49546?

- Parent (or other) is driving me
- Gerard R Ford Airport (GRR)
- Driving myself
- Other: _____

2) If by plane, provide arrival and return flight information including flight numbers and airlines:

3) Do you have any food allergies? If so please list them: _____

4) Are there any special considerations about which we should be aware when assigning you a roommate? (Do you snore? Are you sensitive to noise? Are you neat? A slob?) Please explain.

5) Will you have a cellphone while travelling? If so, what is the number? (_____)_____

Emergency Contact Information

(confidential)

Name: _____ Birthdate: _____

The policy of *TUSCULUM* is to refer students with an illness or injury, except a minor one, to local private facilities for medical care and/or hospitalization. So that you may be readily cared for in case of emergency, please supply us with the following information.

Insurance company _____

Policy # _____ Is it a(n): HMO PPO Other

Phone: _____ Fax: _____

Name of Physician: _____ Phone: _____

If you do not have a regular physician or clinic you visit, please explain: _____

Doctor's offices and emergency rooms, for billing purposes, often request Social Security Numbers of both the parents and the student. If you are a minor participating alone please provide them:

Father: _____ Mother: _____ Participant: _____

Whom should we contact **first** in case of emergency?

Name: _____ Phone: _____

Relationship: _____

Person **other than parent or person named above** who can be contacted in case of emergency:

Name: _____ Phone: _____

Relationship: _____

List all medications you are now taking and/or expect to be taking during the camp: _____

Allergies to drugs, food, or latex: _____

Recent surgeries or medical problems: _____

In case of illness and/or injury, permission is granted to examine and treat the below-signed student and to make the necessary referrals to outside physicians and facilities as indicated.

Participant signature: _____ Date: _____

Parent signature (if minor): _____ Date: _____