

Health Form (Page 2)



U.S. Space & Rocket Center®

Attn: Shannon Sanford

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WE WOULD LIKE TO KNOW A LITTLE BIT MORE ABOUT...

Note: This form provides a valuable tool for us to learn about your child before he/she comes to camp. Please take the time to carefully complete this form.

Hearing Loss: ___ Mild ___ Moderate ___ Severe ___ Profound

Cochlear Implant: ___ Yes ___ No

If yes, what are the restrictions or limitations? _____

Hearing Aids:

Will the camper wear a hearing aid(s) during camp? ___ Yes ___ No If yes, please complete the following:

Left Ear (Type of aid)

___ Behind the ear ___ In the ear ___ Body aid

Make of aid (e.g. Telex) _____

Model number of aid _____

Right Ear (Type of aid)

___ Behind the ear ___ In the ear ___ Body aid

Make of aid (e.g. Telex) _____

Model number of aid _____

METHOD OF COMMUNICATION

___ American Sign Language (ASL) ___ Signed Exact English (SEE) ___ Oral

___ Total Communication (Sign/Voice) ___ Cued Speech

Swimming Skill Level: ___ No experience ___ Beginner ___ Intermediate ___ Advanced

Anything Else?

Is there anything else that you feel we should know about your child? _____

WSPD DISCLOSURE STATEMENT

I (we) understand that SPACE CAMP®/AVIATION CHALLENGE® is not responsible for personal items that may be lost or misplaced during camp. This includes, but is not limited to, clothing, glasses, cameras and hearing aids.

Parent/Legal Guardian's Signature

Date

Parent/ Legal Guardian's Signature

Date

