West Virginia University Institute of Technology
STEM Summer Academy for Girls

Health Statement

Name of Student _____Age _____Sex_____

List below any health conditions that West Virginia University Institute of Technology Staff should be aware of (reporting these conditions will not prevent the individual from attending Camp STEM and will be kept confidential by the staff)

Allergies (explain) _____

Drug allergies_____

☐Diabetes ☐Heart Condition ☐ Convulsions ☐Emotional Upsets ☐ Ear Conditions ☐ Asthma ☐ Lack of Coordination ☐Other_____

Immunizations: ☐ Oral Polio ☐ Tetanus

Medications taken at this time _____

Activities individual should not participate in _____

_____

Signature of parent/guardian _____

Individuals requesting an accommodation because of disability should contact Amanda Sears at at 304.929-1342 by June 30.