

CAMP MEDICAL FORM/PARENTAL CONSENT WAIVER

This form must be completed and signed by the camper's parent or legal guardian. Please print clearly.

SPORT CAMP/CLINIC: _____ SPORT CAMP/CLINIC DATES: _____

CAMPER INFORMATION

NAME: _____ D.O.B.: ____/____/____
ADDRESS: _____ AGE: ____
CITY: _____ STATE: ____ ZIP: ____ GRADE: ____
HOME PHONE NUMBER: (____) _____ GENDER: M F
EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

MOTHER'S NAME: _____ FATHER'S NAME: _____
WORK NUMBER: (____) _____ WORK NUMBER: (____) _____
CELL PHONE NUMBER: (____) _____ CELL PHONE NUMBER: (____) _____
BACKUP EMERGENCY CONTACT: _____ PHONE NUMBER: (____) _____
RELATION TO CAMPER: _____

MEDICAL HISTORY INFORMATION

DOES THE CAMPER HAVE ANY OF THE FOLLOWING? IF YES, PLEASE DESCRIBE.

1. KNOWN DRUG ALLERGIES? No Yes _____
2. FOOD ALLERGIES? No Yes _____
3. ALLERGIES TO INSECTS? No Yes _____
4. ASTHMA? No Yes _____
5. ARE THERE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? No Yes _____
6. IS THE CAMPER CURRENTLY TAKING ANY MEDICATIONS? No Yes _____

IF YES, PLEASE LIST ALL MEDICATIONS AND SPECIFY ANY THAT NEED TO BE TAKEN DURING CAMP. _____

INSURANCE POLICY INFORMATION

IS THE CAMPER CURRENTLY COVERED BY HEALTH INSURANCE? Yes No

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

HEALTH INSURANCE PROVIDER: _____

NAME OF POLICYHOLDER: _____

POLICY NUMBER: _____

PERMISSION TO TREAT & MEDICAL AUTHORIZATION

PLEASE CHECK **ONE** OF THE FOLLOWING AND SIGN BELOW.

- I, _____, parent or guardian of the child named above, give consent for my child to attend (camp/clinic name). As parent/guardian, I understand that my child's participation will include strenuous aerobic exercises, as well as great deal of excitement in connection with the camp program. I acknowledge that injuries may occur as a result in the participation in this camp/clinic, and I accept that consequence. I have advised our family physician that my child wishes to participate in (camp/clinic name), and our physician has approved of this participation.

I hereby authorize the (camp/clinic name) medical staff or other appropriate (camp/clinic name) personnel to provide first aid, emergency medical care, or if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with (camp/clinic name).

Parent/Guardian Signature: _____

Date: _____

- I DO NOT** want any type of medical treatment provided to my child.

Parent/Guardian Signature: _____

Date: _____