

MEDICAL INFORMATION

All summer camps are to require proof of medical insurance for all camp participants OR opt for the University's accident coverage.

In addition, camps are to 1) collect and keep on file medical releases for all camp participants and 2) collect, make available to pertinent camp staff, and keep on file a list of medications the camp participant takes and any specific activities encouraged, discouraged or restricted due to physical handicaps or medical conditions.

Samples of such forms are attached.

Medical Release

Check one of the following and sign below.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, the camp director or his/her designee of the Men's Basketball (camp) may consent on my behalf to emergency treatment advised by medical personnel for the camp participant.

I do not want any type of medical treatment provided to my child.

Parent/Guardian Signature: _____

Date: _____

Medical Insurance Information

Student's Name: _____

Address: _____

Date of Birth: _____

Telephone Number: _____

Social Security # (if available) _____

Parents Name: _____

Social Security #: _____

Check one of the following and sign below:

_____ The student is covered by medical insurance (complete information below)

Insurance company name: _____

Policy Holder: _____

Social Security # of Policy Holder: _____

Policy number/or Group Number: _____

Parent/Guardian signature: _____

Date: _____

_____ The student is not covered by medical insurance.

Parent/Guardian signature: _____

Date: _____

Medications

What medications, if any, is the camp participant presently taking.

Please give details. _____

Will the camp participant bring this medication to the camp? ___ Yes ___ No

Name of medication? _____

Will the camp participant need assistance when taking such medications, for example, insulin or allergy injections? _____

Is the camp participant allergic to any drugs, bee stings, foods, etc? _____

Are there any specific activities that should be encouraged? _____

Restricted? _____

Does the camp participant have any physical handicaps? Please give details. _____
