

Medical Release and Health Information 2016

Name of Camper _____ Date of Birth _____
Social Security # _____ - _____ - _____ Home Phone (_____) _____
Address _____ City _____ State _____ ZIP _____
Parent/Guardian's Name _____
Work Phone (_____) _____ Cell Phone (_____) _____
Emergency Contact's Name _____ Phone Number (_____) _____

I give permission for the University of Mississippi medical personnel to administer first aid and/or to provide the appropriate transportation to a medical facility to receive adequate medical care in the event of any injury or illness.

Parent or Guardian's Signature _____ Date: _____

Parents of Overnight Campers Must Sign Below in Order For Child to Stay Overnight

I give permission for my child to reside in University housing during camp at the University of Mississippi and give permission for University of Mississippi medical personnel to administer first aid and/or to provide the appropriate transportation to a medical facility to receive medical care in the event of any injury or illness.

Parent or Guardian's Signature _____ Date: _____

Medical Release/Screening

I have examined the camper named above on this form and found the camper to be free from injuries or conditions that would limit participation in athletics. I recommend that this person be accepted for this Ole Miss Sports Camp.

Physician's Name _____

Address _____ Phone Number (_____) _____

Allergies _____

Previous Injuries _____

Other important health information _____

*Physician's Signature _____ Date _____

NOTE: A copy of a sport's physical within one year of the date of camp being attended may be substituted for a physician's signature. This information is confidential information and will be retained as a part of each camper's records*

Insurance: Each camper will be covered under a secondary insurance policy with limited benefits that is provided by The University of Mississippi. **There is a \$100 deductible for this insurance.** If a camper is injured, the parent/guardian will be requested to work with officials of The University of Mississippi's Athletics Department to provide the proper information regarding the injury to the secondary insurance provider. If this camper is covered by a current health insurance, please provide the following information.

Insurance Company Name _____

Group Number or Policy Number _____

Policy Holder's Name _____

Medication Authorization

Medication(s): Medication(s) needed by a camper may be administered by a properly licensed healthcare professional or distributed by Program Staff for self-administration by the Minor under the following conditions: (a) parent/legal guardian must provide written authorization, (b) parent/legal guardian must provide the medicine in its original labeled pharmacy container for prescription medication or in the manufacturer's container for over-the-counter medications along with the camper's name, medicine name, dosage and timing of consumption for prescription medication, (c) medicine should be kept in an appropriate and secure location, (d) a record showing the date, time, and signature of the person who administered or witnessed each self-administration of medicine must be kept for 90 days, (e) any medicine the camper cannot self-administer must be stored and administered by a licensed healthcare professional associated with the campus, or if no one is available, arrangements must be made with another healthcare professional in advance of the participant's arrival, (f) personal "epi" pens and inhalers may be carried by the participant during activities.

I give permission for my child to take the following medication(s), _____, as directed on the packaging and give permission for the medication(s) to be administered to my child by University of Mississippi medical personnel as needed according to the instructions provided.

**Parent or Guardian's Signature _____ Date _____

****NOTE: Signature required only for those with medication(s) in their possession while attending camp.**