

MEDICAL HISTORY AND RELEASE

This information will be kept by Head Trainer or Dorm Counselor, and consulted anytime a medical problem arises during Volleyball Camp. Note: Medications brought from home that are not listed on this form will not be permitted.

Name _____ Date of Birth ____/____/____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Date of last medical examination by licensed physician _____

Date of Last Immunizations: _____

Allergies, Identify _____

Food Allergies, Identify _____

Are there any condition(s) that will restrict activity? _____ If yes, explain and give instructions _____

If taking regular medication, give name(s) of medication and directions for dosage: _____

Please check if subject to: Fainting _____ Nosebleeds _____ Headaches _____ Other _____

** If necessary, administer: Asprin _____ and/or Tylenol _____. How much and how often? _____

Vision corrected by: glasses _____ contact lenses _____

Teeth corrected by braces _____ headgear _____ retainers _____ other _____

Exceptions _____

GENERAL INFORMATION

We will utilize the Texas Tech Infirmary or the emergency room of University Medical Center, unless you specify otherwise. If hospital treatment is necessary, we will immediately contact the individuals listed on the other side of this form. No Medical/Hospitalization Insurance is carried through this program. Parents/guardians will be billed for any and all medical expenses incurred by their children during the Texas Tech Volleyball Camp including but not limited to emergency room costs, physician fees, X-rays, medication, pharmaceuticals and related expenses.

CONSENT TO TREAT

I authorize program administrators of Texas Tech Volleyball Camp to sanction medical treatment for (Participant's name) _____. I understand that NO medical/hospitalization insurance is carried through Red Raider Volleyball Camp and agree to be responsible for all medical expenses incurred by my child while attending Texas Tech Volleyball Camp.

Parent Signature _____