

**MEDICAL FORM
SUMMER CAMP PROGRAMS
MEDICAL HISTORY, TREATMENT PERMISSION AND RELEASE**

Note: This form is required prior to participation in summer sport camps. Participation will not be permitted until this form has been completed and signed and is on file with the sports camp.

PLEASE PRINT USING BLACK INK

SPORT: ATHLETIC DEVELOPMENT ALL SPORTS BASEBALL BASKETBALL
 FIELD HOCKEY FOOTBALL GOLF SOCCER TENNIS VOLLEYBALL OTHER

CAMP NAME: _____ CAMP DATES: _____

PARTICIPANT INFORMATION:

NAME: _____ AGE: _____ DATE OF BIRTH: _____
First Middle Last

HOME ADDRESS: _____
Street Address City State Zip

FATHER/GUARDIAN NAME: _____

ADDRESS: _____

PHONE: Home (_____) _____ Work (_____) _____ Cell (_____) _____

MOTHER/GUARDIAN NAME: _____

ADDRESS: _____

PHONE: Home (_____) _____ Work (_____) _____ Cell (_____) _____

OTHER/EMERGENCY CONTACT PERSON NAME: _____

PHONE: Home (_____) _____ Work (_____) _____ Cell (_____) _____

FAMILY PHYSICIAN: _____ PHONE: (_____) _____

INSURANCE COMPANY: _____ ID NUMBER: _____

MEDICAL HISTORY (Please use back of this sheet if necessary) DATE OF LAST TETANUS BOOSTER: _____

Is the participant under the care of a provider for a medical and/or psychological problem? NO YES
If yes, please explain: _____

Is the participant taking medication prescribed by a health care provider? NO YES
If yes, please explain: _____

ALLERGIES ⇒ If yes, please list the allergy and provide additional information if necessary.

Insect bites/stings	NO	YES	_____
Medications	NO	YES	_____
Food	NO	YES	_____
Other	NO	YES	_____

RELEASE OF LIABILITY: I hereby release and discharge, indemnify and hold harmless the Regents of Wake Forest University, and their members officers, agents, employees, and any other persons or entities acting on the behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, cost and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any property loss and/or bodily injury and/or disability, arising from my child's participation in the sports camp activities, including overnight stays on campus, if applicable.

CONSENT FOR TREATMENT: I hereby give my permission to a camp certified athletic trainer to supervise on-site first aid for minor injuries. In the event of injury such as broken limb, sprain, contusion, laceration, concussion, etc., or illness requiring medical diagnosis or treatment, I hereby give my consent for sports camp staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary. Note: Overnight stays on campus may be supervised by camp counselors and not certified athletic trainers.

PHYSICAL EXAMINATION WITHIN ONE YEAR: I certify that within the past 12 months my child has had a physical examination by a physician and that he/she is physically able to participate in the sports camp activities.

ASSUMPTION OF FINANCIAL RESPONSIBILITY: I hereby acknowledge that I am responsible for medical charges incurred during sports camp participation. I further understand that the sports camp carries an excess medical insurance policy for sports injuries to the camper that may result from camp activities. Camp insurance has limits and exclusions and any secondary charges not covered under this plan will be my responsibility. This policy may only be utilized after my primary insurance company has processed the claims and issued an explanation of benefits.

IMPORTANT: MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THESE TERMS

PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____

RELATIONSHIP TO PARTICIPANT: _____

ADDITIONAL INFORMATION:

PLEASE ATTACH A COPY (FRONT & BACK) OF HEALTH INSURANCE CARD BELOW