

## Summer Camp Medical Information Form

**Contact Information:**

Camper's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

No &amp; street

city

state

zip

Father Home number (H) \_\_\_\_\_

Mother (H) \_\_\_\_\_

Work number (W) \_\_\_\_\_

(W) \_\_\_\_\_

Cell number (C) \_\_\_\_\_

(C) \_\_\_\_\_

If not available in an emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Insurance information:**

Insurance co: \_\_\_\_\_ Policy # \_\_\_\_\_

Policy holder's name (mom/dad) \_\_\_\_\_

**Medical Information:**

Medications presently taking: Prescription \_\_\_\_\_ Non Prescription \_\_\_\_\_

I give my child permission to self administer their prescription medication(circle): Y N Initial \_\_\_\_\_

I give my child permission to self administer their non prescription medication: Y N Initial \_\_\_\_\_

My child is aware that they may not share any medication with other campers. Camper signature: \_\_\_\_\_

**Drug sensitivities/allergies** (circle if severe) \_\_\_\_\_**Epi-pen:** Does your child require an epi pen to treat an allergy? Y N . If so please speak with the ATC at registration.**Asthma:** Does your child use an inhaler for asthma? Y N If yes my child has been instructed to carry their inhaler to **ALL** camp activities. Initial \_\_\_\_\_ **Tetanus:** Date of last tetanus \_\_\_\_\_

Initial if you approve of appropriate administration of the following medicines by the athletic trainer:

Tylenol (initial) \_\_\_\_\_ Benedryl (initial) \_\_\_\_\_ Tums (initial) \_\_\_\_\_

**Pre-existing conditions:**

Does your child have any injuries or conditions that presently exist that would limit her from camp activities?

Y N If yes, describe \_\_\_\_\_

Has your child had any sports or orthopedic (muscle, joint, etc) injury within the past year ?

Y N If yes, describe \_\_\_\_\_

Has your child been diagnosed with any other significant chronic illness (diabetes, heart, epilepsy, etc?)

Y N If yes, describe \_\_\_\_\_

I acknowledge that participation in soccer camp has an inherent risk. The child named above has my permission to participate in the designated Messiah College summer athletic camp. I understand that camp participation will involve significant physical activity which could result in injury. I certify that my child is in good physical condition and is fully able to participate. I assume all risk incident to my child's participation and release Messiah College, its employees, agents offices and volunteers from all liability, claim, expenses and actions which may arise from injury or harm to the child as a result of camp participation.

In the event of a medical emergency, I authorize Messiah College to designate a hospital, physician or emergency personnel to provide care (including hospitalization, if necessary) to the child and release Messiah College from any liability for injury or harm which to the child which may result from this medical care. I understand that responsibility for payment of such care medical care will be mine and certify that the child is covered by adequate medical care.

Signed \_\_\_\_\_ (parent or guardian) Date \_\_\_\_\_