# NORTH CAROLINA A&T STATE UNIVERSITY DEPARTMENT OF SPORTS MEDICINE SUMMER SPORTS CAMPS

**MEDICAL HISTORY & CONSENT/ RELEASE OF LIABILITY**

***This form must be filled out and signed by each participant and a parent/legal guardian. No child will be permitted to participate in any summer sports camp at North Carolina A&T State University until this form has been completed and is on file with the sports camp staff***.

**CAMP DATE(S):**

|  |  |  |  |
| --- | --- | --- | --- |
| **SPORTS CAMP: ☐FOOTBALL** | * **BOYS BASKETBALL**
 | * **GIRLS BASKETBALL**
 | * **BASEBALL**
 |
| * **VOLLEYBALL**
 | * **SOFTBALL**
 | * **CHEERLEADING**
 |  |

## PARTICIPANT INFORMATION:

NAME:

*First MI Last*

DOB:

HOME ADDRESS:

*Street Address City State Zip*

## PARENT/GUARDIAN NAME:

ADDRESS:

PHONE: Home ( \_)

Work ( \_)

Cell ( \_)

## ADDITIONAL EMERGENCY CONTACT NAME:

RELATIONSHIP:

PHONE: Home ( \_)

Work ( \_)

Cell ( \_)

## HEALTH INSURANCE COMPANY: POLICY #:

**\*\*Please attach a copy of the front and back of the health insurance card**.

**MEDICAL HISTORY**

**DATE OF LAST PHYSICAL:**

(Physical must have be completed within past 12 months)

## DATE OF LAST TETANUS BOOSTER:

**DOES THE PARTICIPANT HAVE ASTHMA?** YES NO **Please provide inhaler, if necessary. DOES THE PARTICIPANT HAVE ANY ALLERGIES? Please provide Epi-Pen, if necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
| MEDICATIONS: | Yes | No |   |
| FOOD: | Yes | No |   |
| BEE STINGS: | Yes | No |   |
| OTHER: | Yes | No |   |

**IS THE PARTICIPANT CURRENTLY TAKING ANY MEDICATIONS?** YES NO

If yes, please list all medications:

## IS THE PARTICIPANT UNDER THE CARE OF A PHYSICIAN FOR ANY MEDICAL CONDITION(S)? YES NO

If yes, please explain:

## IS THERE ANY OTHER INFORMATION IN REGARDS TO THE CAMP PARTICIPANT’S MEDICAL HISTORY THAT THE CAMP STAFF SHOULD BE AWARE OF?

**CAMP PARTICIPANT NAME:**

**ASSUMPTION OF RISK**

Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risk vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to

2) major injuries such as eye injury or loss of sight, joint back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the said Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

## PERMISSION TO TREAT

I hereby give permission for the certified athletic trainer, physicians, and/or other health care providers to provide medical care as deemed necessary in the event that my child sustains an injury or illness while attending camp including transportation and hospitalization, if necessary.

## RELEASE OF LIABILITY

I certify that the information provided is true and complete to the best of my knowledge. I understand that misrepresentations, omissions of facts or incomplete information regarding my child’s medical history could jeopardize his/her health and physical well- being and interfere with the camp medical staffs’ ability to provide proper medical care. I further certify that my child has had a physical examination by a physician within the past 12 months and that he/she is physically able to participate in sports camp activities.

In consideration of my child’s participation I hereby agree to release, indemnify and hold harmless North Carolina Agricultural and &Technical State University, its agents, officers, trustees, employees, and representatives, including the Department of Athletics, the coaching and athletic training staff, and camp employees from all claims resulting from any injury or illness sustained by my child while participating in sports camp activities, including overnight stays on campus, if applicable.

Camp Participant Signature: \_ Date:

Parent/Guardian Signature: Date:

## Please Copy the front and back of your health insurance card and affix it below.

FRONT

BACK