**2020 CAMP MEDICAL FORM**



**MEDICAL HISTORY, TREATMENT PERMISSION AND RELEASE**

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

**CAMP INFORMATION**

Sport:

Camp Name: Camp Date(s):

**PARTICIPANT INFORMATION**

Name: \_ Age: Date of Birth:

Home Address: \_

Street Address City State Zip

**EMERGENCY CONTACT INFORMATION**

Name: Relationship to Participant:

Phone: *Cell* ( ) *Work* ( )  *Home* ( )

**HEALTH INSURANCE INFORMATION**

**\*For overnight camps, please attach copy of insurance card**

Family Physician: Phone: ( )

Insurance Company: Group #: Policy #:

**MEDICAL HISTORY**

Asthma: NO YES \*if you use an inhaler, bring it with you to camp! Allergies (if yes, please list type and severity):

Insect bites/stings: NO YES

Medications: NO YES

Food: NO YES

Other: NO YES

Current Medications (please list):

Other Medical Condition:

*(OVER)*

**LIABILITY RELEASE, AND INDEMNITY AND HOLD HARMLESS AGREEMENT:** In consideration of my child being allowed to participate in this camp/clinic, I hereby release, indemnify, and hold harmless Wake Forest University and its Board of Trustees, the entity operating this camp/clinic, and their respective members, officers, employees, agents, and volunteers (collectively, “the Releasees”), and the successors and assigns of the Releasees, regarding all claims, demands, costs, expenses, and causes of action whatsoever, including those resulting from Releasees’ negligence, arising from my child’s participation in the camp/clinic activities, including but not limited to personal injury, illness, property damage, or property loss. This includes overnight stays on campus, if applicable.

**ACKNOWLEDGMENT OF RISK:** I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious, catastrophic, death) in connection with her/his participation. I further acknowledge and understand that I am expressly and knowingly assuming the risk of physical illness or injury resulting from my child’s participation in the camp/clinic,

**CONSENT FOR TREATMENT:** I hereby acknowledge that I am responsible for medical charges incurred during sports camp/clinic participation. I hereby give my permission to a certified athletic trainer to supervise on-site first aid for minor injuries. In the event of physical 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/clinic staff to secure the appropriate medical care; including transportation and hospitalization, if necessary. Every attempt will be made to notify the parent or guardian of the need for any medical attention beyond minor first aid. 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/clinic activities, with or without a reasonable accommodation.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE TERMS\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant’s Parent or Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature Date