

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, 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

***If you answer yes to any of the conditions below, please explain.**

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)

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.

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

Participant signature (if over 18) or Parent/Guardian signature (if participant is under 18)

Signature: _____ Date: _____

Print Name: _____ Relationship to Participant: _____