Summer Camp Medical Information Form

Contact Information:

Camper's Name _____

Home Address_____ email_____

No & 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 yes 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 him/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 Geneva 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 Geneva 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 Geneva College to designate a hospital, physician or emergency personnel to provide care (including hospitalization, if necessary) to the child and release Geneva 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.

I acknowledge that I have read the information provided on concussions and cardiac arrest provided by the training staff.

Signed_____ (parent or guardian) Date_____