

EMERGENCY MEDICAL INFORMATION

This form must be completed and returned prior to your child's participation in the camp. This form should be returned to:

CAMP: _____ Dates: _____

CAMPER'S NAME: _____ BIRTH DATE: _____

PARENT/GUARDIAN NAME(S): _____

Home Ph#: () _____ Work Ph#: () _____ Cell#: () _____

Address: _____
(Street) (City) (State) (Zip Code)

EMERGENCY CONTACT: _____

Home Ph#: () _____ Work Ph#: () _____ Cell#: () _____

Health Information Statement

Check below any health conditions that relate to camper. In space below, please provide information relating to condition checked. In case of emergency, this health information may be the only source of accurate medical information. This information is confidential.

- | | |
|--|--|
| <input type="checkbox"/> Mental or emotional health issue (epilepsy, emotional stress, convulsion, etc.) | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Lung Disease (asthma, persistent cough, TB) | <input type="checkbox"/> Disease of Heart or Blood Vessels, Abnormal Blood Pressure |
| <input type="checkbox"/> Chest pains or shortness of breath (heart murmur, rheumatic fever) | <input type="checkbox"/> Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis) |
| <input type="checkbox"/> Arthritis, Diabetes, Kidney, or Bladder Disease | <input type="checkbox"/> Hay Fever or Allergies |
| <input type="checkbox"/> Impaired vision or hearing, Chronic ear infections | <input type="checkbox"/> Recent surgeries, accidents or injuries |
| <input type="checkbox"/> Any current skin disease | <input type="checkbox"/> Food allergies |
| <input type="checkbox"/> Health related issues not listed | <input type="checkbox"/> Significant Orthopedic and/or Neuromuscular impairment |

Explanation: _____

Please Note: All medications that accompany the camper to camp must be given to the Athletic Trainer. The Trainer will dispense the medication in accordance with the directions provided by the camper. All authorized over-the-counter and prescription medication should be listed below.

Allergies to what medicines? _____

Current Prescription/Non-prescriptions medicines (list names, doses, times) _____

Special instructions for handling of medicines _____

Family Doctor _____ Phone # () _____

Health Insurance Provider _____ Policy # _____

As parent/guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if the Camp is unable to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that if my child becomes ill or injured, my health insurance will be the primary coverage for any expenses incurred. The University of South Alabama carries accident insurance that is secondary coverage in the event of an injury.

Signature: _____ Date: _____

WAIVER, RELEASE AND INDEMNITY AGREEMENT

To be completed by all participants. If participant is under 19 years of age, both participant and guardian must complete this release. Participant and guardian must sign in the presence of one (1) witness.

TO THE UNIVERSITY OF SOUTH ALABAMA:

Participant, _____, and guardian understand that participant is enrolling and participating in _____, which is sponsored _____. Participant and guardian understand that participation in this event is voluntary and that this event is not sponsored by the University of South Alabama. Participant further understands that he or she is participating at his/her own expense.

In consideration of the University of South Alabama permitting this event on its campus and thereby agreeing to give access to its campus for this event, participant and guardian, in full recognition and appreciation of any and all risks, hazards, or dangers inherent in this activity, including, but not limited to, the physical risks associated with participation in this event, to which participant may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such event. Participant and guardian understand that the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property resulting from participants enrolling and participating in the above-listed event.

Participant and guardian do for themselves, their heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from participation in this event and which may result from causes beyond the control of, or without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employees, during the period of participation as aforesaid.

Participant and guardian attest that participant is physically fit and has sufficiently trained for participation in this activity, and that participant's physical condition has been verified by a licensed physician.

IN WITNESS WHEREOF, participant and guardian (if applicable) have caused this release to be signed this _____ day of _____, 20____.

SIGNATURE OF PARTICIPANT

SIGNATURE OF WITNESS

PRINTED NAME OF PARTICIPANT

PRINTED NAME OF WITNESS

SIGNATURE OF GUARDIAN (if applicable)

PRINTED NAME OF GUARDIAN (if applicable)

Telephone number of guardian: _____

OR

Name and telephone number of next of kin: _____

