**CAMPER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camp Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Camp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Medications presently taking:

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

PRESCRIPTION NON-PRESCRIPTION

I give my child permission to self-administer his/her

prescription medication:

**Yes No**

Initial \_\_\_\_\_\_\_\_\_

I give my child permission to self-administer his/her

non-prescription medication:

**Yes No**

Initial \_\_\_\_\_\_\_\_\_

My child is aware that he/she may not share any

medication with other campers.

**Yes No**

Camper signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug sensitivities/allergies (circle if severe)

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

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

Epi-pen: Does your child require an epi-pen to treat

an allergy?

**Yes No**

Asthma: Does your child use an inhaler for asthma?

**Yes No**

If yes, my child has been instructed to carry his

inhaler to ALL camp activities.

Initial \_\_\_\_\_\_\_\_\_\_\_

Tetanus: Date of last tetanus shot \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial if you approve of appropriate administration of

the following medicines by the athletic trainer:

Tylenol (initial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benadryl (initial) \_\_\_\_\_\_\_\_\_\_\_\_\_

Tums (initial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRE-EXISTING CONDITIONS**

Does your child have any injuries or conditions

that presently exist that would limit his/her from

camp activities?

**Yes No**

If yes, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had any sports or orthopedic (muscle,

joint, etc.) injury within the past year?

**Yes No**

If yes, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been diagnosed with any other significant

chronic illness (diabetes, heart, epilepsy, etc.)?

**Yes No**

If yes, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not available in an emergency, please notify:

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

NAME

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

PHONE RELATIONSHIP

**INSURANCE INFORMATION**:

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

INSURANCE CO. POLICY #

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

POLICY HOLDER’S NAME RELATIONSHIP

I acknowledge that participation in a Messiah Sports camp/clinic

has an inherent risk. The child named above has my permission to participate in the designated Messiah 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 Messiah 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 Messiah College to designate a hospital, physician, or emergency personnel to provide care (including hospitalization, if necessary) to the child and release Messiah College from any liability for injury or harm to the child which may result from this medical care. I understand that responsibility for payment of such medical care will be mine and certify that the child is covered by adequate medical insurance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNED (PARENT OR GUARDIAN) DATE