

Volleyball Camp Medical Information Form

Camper Name: _____

Contact Information:

Home Address _____

No & street

city

state

zip

Email: _____

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 so 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 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 volleyball camp 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 which 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 care.

Signed _____ (parent or guardian) Date _____