

**Monmouth University Sports Camp Medical Form/
Parental Release and Insurance Information**

Note: Please print legibly in INK or type. This form must be completed in FULL, including signatures of parent or legal guardian. Campers will NOT BE ALLOWED to participate without the completed medical and parental release/insurance form. A separate form must be completed for each camp that your child will attend.

Camper Name _____ Date of Birth _____

Name of Camp _____ Date(s) of Camp _____

Medical History

Is the above named ALLERGIC to any of the following? Medications – Insect bites – Foods – Other YES NO
If YES, indicate what _____

Is the above named presently taking, or will be taking any medication during his/her stay at camp? YES NO
If YES, indicate what _____

Is the above named being treated for an injury or illness at this time? YES NO
If YES, indicate what _____

Circle all of the following Immunizations that ARE up to date: MMR Diphtheria Tetanus Polio Pertussis-Whooping Cough

Does the above named have/had any of the following? Circle all that apply: Rubella Measles Mumps ChickenPox Pneumonia
Diabetes Epilepsy Heart Condition Other _____

NOTE: If the above named individual has a history of serious illness and/or injury (i.e. heart murmur, surgery, epilepsy, etc.) a note from a licensed physician must accompany this form to insure that the individual may be cleared to participate in all camp activities.

I certify that the above named individual is physically fit and able to participate fully in the above indicated Monmouth University Sports Camp.

Signature of Parent/Guardian _____ Date _____

Parental Release & Insurance Information

I give permission to the above named to attend and participate in the Monmouth University Sports Camp. Furthermore, I hereby grant permission to the camp staff to render preventative, first aid and/or emergency treatment that they deem necessary to my son/daughter's health and well-being. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the camp staff to notify the designated emergency contacts in the most expeditious manner possible. If said staff is unable to communicate with me, the treatment deemed necessary for my son/daughter's health and well-being may be given.

I hereby:

1. Certify, that to the best of my knowledge, the medical information requested is complete and correct.
2. Agree to assume all risk of personal injury arising from participation in the above indicated camp, and understand that the sport indicated above involve the potential for injury.
3. Agree not to hold the staff responsible for any injury sustained during participation at camp
4. Agree not to bring suit against Monmouth University and/or its staff for any injury sustained.
5. Understand that if necessary, in the judgement of the camp, to use outside medical, surgical, or dental treatment for the Camper's health and well-being, that all such expenses shall be the responsibility of the parent or guardian.
6. Agree to accept any decisions made by the Camp Director in the termination of camp attendance due unacceptable behavior.
7. Authorize the camp staff to administer medications to my child(as prescribed by physician) as indicated on this form.

PLEASE BE ADVISED THAT IT IS IMPERATIVE THAT YOUR CHILD BE IN GOOD HEALTH WHEN ARRIVING AT CAMP. THE DUTIES OF CAMP PERSONNEL CANNOT INCLUDE PROVIDING MEDICAL CARE FOR CAMPERS ARRIVING AT CAMP WITH PRE-EXISTING CONDITIONS.

INSURANCE INFORMATION

Insurance Company NAME, ADDRESS & TELEPHONE _____

Policy Holder's Name _____

Policy Number _____ Group Number _____

Emergency Contact(You must provide a number or someone that can be reached during camp hours, whether it is the parent or a designated emergency contact):

Name _____ Relationship _____

Home Number _____ Work Number _____ Cell Number _____

Signature of Parent or Guardian _____ Date _____