



Summer Camp Medical Information Form

Contact Information:

Camper's Name _____

Home Address _____

Email _____

Emergency Contact #1 (H) _____ (C) _____

Emergency Contact #2 (H) _____ (C) _____

Emergency Contact #3

Name _____ Phone _____ Relationship _____

Insurance information:

Insurance Company: _____ Policy # _____

Policy holder's Name (Parent/Gaurdian) _____

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 camp director 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) _____ Benadryl (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 Geneva College camps has an inherent risk. The child named above has my permission to participate in the designated Geneva College summer athletic camps. 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 incidents 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.

Signed_____ (parent or guardian)

Date_____