

PURPLE & WHITE FOOTBALL CAMP MEDICAL FORM FOR ATHLETIC PARTICIPATION

This form must be presented at the time of camp registration.

Camper's Name: _____ Age: _____ Grade: _____ Birth Date: _____

Address: _____ Home Phone: () _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Cell Phone: () _____

Name of Insurance Co.: _____

Address of Insurance Co.: _____

Policy Holder's Name: _____

Parent's Employer: _____ Business Phone: () _____

(Please Note: Each Camper must be covered by his own medical insurance plan.)

- Please list major injuries in the past year pertinent to participation in competitive sports. (Please use the back of this sheet if more space is needed)

- Please list the date of last tetanus injection: _____

- Please list any known allergies: _____

- Check if the camper is known to have any of the following conditions:

Diabetes ___ Hemophiliac ___ Epilepsy ___ Heart Condition ___

- Please list any chronic diseases: _____

- If the camper is under a physician's care, please list the name, address and phone number of the physician and why the camper is being treated. Also, list any medication the camper will be taking during his stay at camp. (List also, the strength and dosage of the medication.) Use the back of the sheet for additional space.

PARENT'S AUTHORIZATION

This health history and other information is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted.

In the event of any injury we will make every effort to contact the Parent/Guardian immediately.

If I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. I understand that I am responsible for any medical, optical or dental insurance for any injuries sustained during camp and will not hold Capital University, Purple & White Football, Inc., the Camp Directors or Camp Staff liable for such injuries sustained through camp participation.

SIGNATURE: _____ Date: _____