



Youth Camp/Clinic Medical Information and Release Form

Name of Participant: _____

Date(s): _____

Sport: _____

As a parent or guardian I understand that the information requested on this form is intended to help inform camp/clinic staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended.

This information will be kept in strict confidence and will only be shared with your *permission*. *Elmira College requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant.*

You are accountable for providing an accurate medical history.

Final determination about whether to participate is the responsibility of you and your physician. If Participant has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this camp/clinic. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this camp/clinic.

Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back of form and/or additional paper if needed.

I understand that Elmira College does not offer any form of insurance for my participant while participating in camps/clinics.

PART 1. GENERAL INFORMATION

Parent/Legal Guardian Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Participant Date of Birth: _____ **Gender:** _____

Please list emergency contact:

Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____

PART 2. MEDICAL INFORMATION

It is recommended that Participant consult with your physician prior to participating in our camp or clinic. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participation.

Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Date of most recent physical exam by your physician: _____

Date of most recent tetanus toxoid immunization" _____

Do you have health/accident insurance? YES NO

Insurance Company: _____ Medical Insurance Policy/ Group #: _____

For the following, circle appropriate response and explain as appropriate:

Does participant have any limiting medical conditions that you or your doctor feel would limit camp/clinic participation? YES NO

If yes, identify and explain:

Is participant currently taking medication that may interfere with ability to safely participate in the camp/clinic?

YES NO

If yes, please indicate the medication and the condition being treated:

Does participant have a history of allergies or reactions to medications, insect stings, or plants? YES NO

If yes, please explain:

Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? YES NO Does the Participant have any restrictions for camp/clinic activity? YES NO

If yes, please explain:

Has your Participant ever suffered from a concussion? YES NO

If yes, please explain:

PART 3: AUTHORIZATION FOR MEDICAL CARE

Participation in physical activity may subject Participant to the risk of injury or illness. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent/guardian. The hospital will not perform services unless this form is presented at the time of treatment.

MEDICAL RELEASE

Participant has my permission to receive medical attention in the event of illness or medical emergency while participating in this camp/clinic. I authorize Elmira College to obtain the necessary medical treatment and release and hold harmless Elmira College in the exercise of this authority. I will assume the financial responsibility for any cost of health care for my Participant that may occur during this camp/clinic.

As a parent/guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this camp/clinic. By signing my name I represent and warrant that I have provided all materials and important information to Elmira College pertaining to my Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify Elmira College of any changes in his/her mental, physical or medical condition prior Participant's scheduled camp/clinic.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19