Kalamazoo College Release Statement Form – Appendix H

Release Statement

Name of Camp Participant ______________________________________________

The child named above has my permission to participate in the Kalamazoo College Sports Camp/Clinic. I understand that camp participation may involve significant physical activity, which could result in injury. I certify that the child is in good physical condition and is fully able to participate. I assume all risk incident to the child’s participation and release Kalamazoo College, its employees, agents, officers, and volunteers from all liability, claims, 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 Kalamazoo College to designate a physician, hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child, and release Kalamazoo College from any liability for injury or harm to the child, which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Signature of Parent or Guardian:

_______________________________________________________________
Kalamazoo College Summer Camp Medical Information Form – Appendix I

Contact Information:

Camper’s Name ____________________________________________________________

Home Address__________________________________ E-mail___________

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 (Mother/Father) ________________________________

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 nonprescription 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 Athletic Trainer 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 __________

Pre-existing conditions:

Does your child have any injuries or conditions that presently exist that would limit him/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 affirm that the above statements are true and that no known medical conditions have been purposefully omitted from this form.

Signed_________________________________________ (parent or guardian)

Date________________________