

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_____