

2009 Florida College Summer Camp Medical and Liability Release

- Release must be completed by parent/legal guardian and signature notarized with notary stamp or seal.
- Please complete all health information on next page.

Camper's Last Name: _____ First Name: _____ MI: _____ DOB: _____

Age: _____ Sex: Male or Female (circle one)

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship to Camper: _____

Home Phone: _____ Cell Phone: _____

Health Insurance Company: _____ Policy Number: _____

Authorization for Emergency Care

In the event of an emergency requiring medical treatment, I give permission to the camp staff to obtain the services of a licensed physician. Please notify me immediately of any such emergency.

Signature of Parent or Legal Guardian: _____ Date: _____

Authorization for Administration of Non-Prescription Medications

My permission is hereby granted to Florida College Summer Camp for its delegated medical personnel to administer non-prescription (over-the-counter) medications to _____ (*camper's name*) for treatment.

Signature of Parent or Legal Guardian: _____ Date: _____

Authorization for Administration of Prescription Medications

My permission is hereby granted to Florida College Summer Camp for its delegated medical personnel to administer regularly prescribed prescription medications to _____ (*camper's name*) for treatment.

Signature of Parent or Legal Guardian: _____ Date: _____

In consideration for being accepted by the Florida College National Alumni Association for participation in the 2006 Florida College Summer Camp, I (we) being 21 years of age or older, do for myself (ourselves) and for and on behalf of my child-participant, do hereby release, forever discharge and agree to hold harmless the Florida College National Alumni Association and the directors and agents thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-mentioned summer camp.

Furthermore, I (we) and on behalf of my (our) child-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Florida College National Alumni Association to furnish any necessary transportation, food, and lodging for this child-participant.

The undersigned further hereby agrees to hold harmless and indemnify said Alumni Association and College, their directors and agents, for any liability sustained by said Florida College National Alumni Association, College, their directors and agents as the result of the negligent, willful or intentional act(s) of said participant, including expenses incurred attendant thereto.

I (we) am (are) the parent(s) or legal guardian(s) of this child-participant, and hereby grant my (our) permission for him or her to participate fully in activities of said camp, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the child-participant to return home due to medical reasons, disciplinary or otherwise, I (we) hereby assume all transportation costs.

Camper Name: _____ Parent/Guardian signature: _____ Date: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____ by _____

who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Signature of Notary: _____ Date: _____

Expiration Date: _____

Affix Notary Seal or Stamp

Camper Health Information

Camper's Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

Date of last tetanus shot/booster: _____ (should be within past ten years)

Are all other immunizations current? Yes or No Comments: _____

Medical History/Health Problems

Please check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Constipation | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Wear Contact Lenses/Glasses |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Stomach Pain | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Wear Hearing Aids |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Ear Infections/Swimmer's Ear |
| <input type="checkbox"/> Mitral Valve Problem | <input type="checkbox"/> Thyroid Disorder (Explain) | <input type="checkbox"/> Orthodontics/Braces |
| <input type="checkbox"/> Blood Pressure Disorder (Explain) | <input type="checkbox"/> Urinary Disorder (Explain) | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Menstrual Disorder (Explain) | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Acne | <input type="checkbox"/> Attention or Learning Difficulties |
| <input type="checkbox"/> Sinus Disorder (Explain) | <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Nightmares/Night Terrors |
| <input type="checkbox"/> Throat Conditions | <input type="checkbox"/> Bone Fractures | <input type="checkbox"/> Bedwetting |
| | <input type="checkbox"/> Muscle Pain | |

Explanations or Additional Information: _____

Physical Restrictions: _____

Medications

Please list all medications (prescription and over-the-counter) your child takes on a regular basis and reason for the medication. Please bring medication in original containers or packages – do not bring pill cases or unlabeled containers.

Allergies

Please list all allergies (medications, foods, insect sting/bites, environmental) and type of reaction your child may experience. Also please include treatment needed.

Special information we need to know about this camper: _____