

NORTH CAROLINA A&T STATE UNIVERSITY
DEPARTMENT OF SPORTS MEDICINE
SUMMER SPORTS CAMPS

MEDICAL HISTORY & CONSENT/ RELEASE OF LIABILITY

This form must be filled out and signed by each participant and a parent/legal guardian. No child will be permitted to participate in any summer sports camp at North Carolina A&T State University until this form has been completed and is on file with the sports camp staff.

SPORTS CAMP: FOOTBALL BOYS BASKETBALL GIRLS BASKETBALL BASEBALL
 VOLLEYBALL SOFTBALL CHEERLEADING
CAMP DATE(S): _____

PARTICIPANT INFORMATION:

NAME: _____ DOB: _____
First MI Last

HOME ADDRESS: _____
Street Address City State Zip

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE: Home (____) _____ Work (____) _____ Cell (____) _____

ADDITIONAL EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

PHONE: Home (____) _____ Work (____) _____ Cell (____) _____

HEALTH INSURANCE COMPANY: _____ POLICY #: _____

****Please attach a copy of the front and back of the health insurance card.**

MEDICAL HISTORY

DATE OF LAST PHYSICAL: _____ DATE OF LAST TETANUS BOOSTER: _____
(Physical must have be completed within past 12 months)

DOES THE PARTICIPANT HAVE ASTHMA? YES NO Please provide inhaler, if necessary.

DOES THE PARTICIPANT HAVE ANY ALLERGIES? Please provide Epi-Pen, if necessary.

MEDICATIONS: Yes No _____
FOOD: Yes No _____
BEE STINGS: Yes No _____
OTHER: Yes No _____

IS THE PARTICIPANT CURRENTLY TAKING ANY MEDICATIONS? YES NO

If yes, please list all medications: _____

IS THE PARTICIPANT UNDER THE CARE OF A PHYSICIAN FOR ANY MEDICAL CONDITION(S)? YES NO

If yes, please explain: _____

IS THERE ANY OTHER INFORMATION IN REGARDS TO THE CAMP PARTICIPANT'S MEDICAL HISTORY THAT THE CAMP STAFF SHOULD BE AWARE OF? _____

CAMP PARTICIPANT NAME: _____

ASSUMPTION OF RISK

Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risk vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the said Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

PERMISSION TO TREAT

I hereby give permission for the certified athletic trainer, physicians, and/or other health care providers to provide medical care as deemed necessary in the event that my child sustains an injury or illness while attending camp including transportation and hospitalization, if necessary.

RELEASE OF LIABILITY

I certify that the information provided is true and complete to the best of my knowledge. I understand that misrepresentations, omissions of facts or incomplete information regarding my child's medical history could jeopardize his/her health and physical well-being and interfere with the camp medical staffs' ability to provide proper medical care. I further certify that my child has had a physical examination by a physician within the past 12 months and that he/she is physically able to participate in sports camp activities.

In consideration of my child's participation I hereby agree to release, indemnify and hold harmless North Carolina Agricultural and & Technical State University, its agents, officers, trustees, employees, and representatives, including the Department of Athletics, the coaching and athletic training staff, and camp employees from all claims resulting from any injury or illness sustained by my child while participating in sports camp activities, including overnight stays on campus, if applicable.

Camp Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please Copy the front and back of your health insurance card and affix it below.

