

Campbell University Athletics Camp Medical Information

All sections of this form <u>MUST</u> be completed in order to participate in the sports camp

Sport:	Camp Na	Camp Name:		Camp Date(s):		
Participant Name: Home Address:			Date of Birth:		Male / Female (please circle)	
(Street) Parent/Guardian Name: Emergency Contact:		(City) (State) (Zip) Parent/Guardian Phone No: Emergency Phone No:				
Relationship to Participa	ant:					
Pre-Existing Conditions (Please circle if the participant is known to have):		Allowed Medications - to be dispensed only by Campbell University Health Center (please circle all that apply to the participant):				
Asthma	Epilepsy/ Seizures	Sudafed	Yes No	Advil (Ibuprofen)	Yes No	
Diabetes	High Blood Pressure	Tylenol	Yes No	Pepto Bismol	Yes No	
Sickle Cell	Dizziness/ Fainting	Maalox/ Antacid	Yes No	Benadryl (25mg)	Yes No	
Hypoglycemia	Heart problem					
Other Conditions or all	owed medications (please specify):				
•	ken by the participa medications listed c sity health center pr	ant (please list a on this form may ovider. All presc	Il medications a be possessed a ription medication		the original bottle	
By signing this document examination by a physic the sports camp/clinic a	ian, or other license			•		
Additionally, by signing thereby give my consent a certified athletic trained appropriate camp/clinicand to a licensed physicand to a licensed physicand to a manager of medicath instance of medicath disclosure of medicath	for medical treatme er and/or his/her de personnel to prope ian to hospitalize an ocedures, anesthesi urance company to p	ent(s) at Campbe signee to render rly transport my d secure proper a, surgery, and/o pay for benefits	ell University He and supervise of son/daughter t treatment(s) fo or other reasona and for the cost	alth Center. I hereby gion-site first aid treatme to an appropriate medic or my son or daughter, in able and necessary processors	ive my consent to: ents, to the cal facility for care, ncluding cedures. I hereby	
Parent/Legal Guard	ian's Signature:			Date:		
Insurance Informa	<u>tion</u>					
		Date of Bi	rth:			
Company: Insurance Company P	Policy N	lo:	G			
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