

# WES MILLER BASKETBALL CAMP MEDICAL FORM/PARENTAL CONSENT WAIVER

This form must be completed and signed by the camper's parent or legal guardian. Please print clearly.

SPORT CAMP/CLINIC: WES MILLER BASKETBALL CAMP

CLINIC DATES: \_\_\_\_\_

## CAMPER INFORMATION

NAME: \_\_\_\_\_

D.O.B.: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

GRADE: \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

GENDER:  M  F

EMAIL ADDRESS: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

WORK NUMBER: (\_\_\_\_) \_\_\_\_\_

WORK NUMBER: (\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

BACKUP EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

RELATION TO CAMPER: \_\_\_\_\_

## MEDICAL HISTORY INFORMATION

DOES THE CAMPER HAVE ANY OF THE FOLLOWING? IF YES, PLEASE DESCRIBE.

- |  |  |       |
|--|--|-------|
| 1. KNOWN DRUG ALLERGIES?                                   | <input type="checkbox"/> NO <input type="checkbox"/> YES | _____ |
| 2. FOOD ALLERGIES?   | <input type="checkbox"/> NO <input type="checkbox"/> YES | _____ |
| 3. ALLERGIES TO INSECTS?                                   | <input type="checkbox"/> NO <input type="checkbox"/> YES | _____ |
| 4. ASTHMA?   | <input type="checkbox"/> NO <input type="checkbox"/> YES | _____ |
| 5. ARE THERE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? | <input type="checkbox"/> NO <input type="checkbox"/> YES | _____ |
| 6. IS THE CAMPER CURRENTLY TAKING ANY MEDICATIONS?         | <input type="checkbox"/> NO <input type="checkbox"/> YES | _____ |

IF YES, PLEASE LIST ALL MEDICATIONS AND SPECIFY ANY THAT NEED TO BE TAKEN DURING CAMP. \_\_\_\_\_

## INSURANCE POLICY INFORMATION

IS THE CAMPER CURRENTLY COVERED BY HEALTH INSURANCE?  YES  NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

HEALTH INSURANCE PROVIDER: \_\_\_\_\_

NAME OF POLICYHOLDER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

**PERMISSION TO TREAT & MEDICAL AUTHORIZATION**

PLEASE CHECK **ONE** OF THE FOLLOWING AND SIGN BELOW.

- I, \_\_\_\_\_, parent or guardian of the child named above, give consent for my child to attend WES MILLER BASKETBALL CAMP. As parent/guardian, I understand that my child's participation will include strenuous aerobic exercises, as well as great deal of excitement in connection with the camp program. I acknowledge that injuries may occur as a result in the participation in this camp/clinic, and I accept that consequence. I have advised our family physician that my child wishes to participate in WES MILLER BASKETBALL CAMP, and our physician has approved of this participation.

I hereby authorize the WES MILLER BASKETBALL CAMP medical staff or other appropriate WES MILLER BASKETBALL CAMP personnel to provide first aid, emergency medical care, or if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with WES MILLER BASKETBALL CAMP.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- IDO NOT** want any type of medical treatment provided to my child.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_