

PERTINENT MEDICAL INFORMATION
AND
CONSENT TO TREAT PARTICIPANT

Participant's Name: _____ Date of Birth: _____

Camp(s): _____

Has participant ever been diagnosed with, or have you ever been told that he/she has, sickle cell trait? (Please check appropriate box):

- Yes No

Please list any chronic medical conditions (asthma, diabetes, etc.) or other pertinent medical or psychological history of Participant:

Allergies: _____

Current Medications: (if your child is on any prescription or non-prescription medication that he/she will need to have administered by Camp personnel or if he/she will be self-administering any medication during Camp, you must complete and return the PERMISSION TO DISPENSE MEDICATIONS form)

Date of last tetanus booster: _____

I, the undersigned, hereby authorize such diagnostic, medical and/or surgical treatment of Participant as may be considered necessary or appropriate under the circumstances for the treatment of the Participant due to illness, accident, or emergency while participating in the Camp. I hereby give permission to the physician selected by the Camp staff to hospitalize, secure proper medical treatment, and/or take whatever medical actions are deemed necessary in the judgment of Camp staff. I agree to assume sole responsibility for any and all costs and expenses arising out of said treatment. I certify that the information provided above is a **complete and accurate** statement of the physical and psychological factors which may affect Participant's participation at Camp. I certify that Participant is physically and psychologically fit to participate in the Camp, with or without reasonable accommodation. If the Participant requires a reasonable accommodation to participate in the Camp, I will contact the Camp Owner prior to the start of Camp to request and/or make arrangements for such accommodation.

IF CAMP PARTICIPANT IS 18 YEARS OR OLDER, PARTICIPANT MUST SIGN:

Camp Participant Signature: _____ Date: _____

Camp Participant Printed Name: _____

IF CAMP PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT(S) OR GUARDIAN(S) MUST SIGN:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Preferred Emergency Contact Phone Number