



Fort Lewis College

Mini Sports Camp

Medical Information and Disclaimer

Camper's Name _____ Age _____ Birthday ___/___/___ Grade _____
Parent's Name(s) _____ Work Phone # _____ Home Phone # _____
Address _____ City _____ Zip Code _____
Email (for confirmation and updates) _____

TO PARENT OR GUARDIAN To serve your child in case of an **ACCIDENT OR SUDDEN ILLNESS**, it is necessary that you furnish the following information.

Emergency Contact #1 _____ Phone # _____ Emergency Contact #2 _____ Phone # _____
Emergency Contact #3 _____ Phone # _____

Please **check** health problems your child has **now or had in the past**

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Birth weight less than 5 lbs. | <input type="checkbox"/> Frequent Bronchitis or Pneumonia | <input type="checkbox"/> Ear Infections/Earaches | <input type="checkbox"/> Significant Skin Problem | <input type="checkbox"/> Blood Disease |
| <input type="checkbox"/> Disabilities/Limitations | <input type="checkbox"/> Diabetes/Hypoglycemia | <input type="checkbox"/> Concussion/Head Injury | <input type="checkbox"/> Sleeping Problem | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Emotional Problem | <input type="checkbox"/> Significant Injury | <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Stomach Problems/Ulcer | <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Eating/Weight Problem | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Asthma | | <input type="checkbox"/> Frequent Strep Throat | <input type="checkbox"/> Headaches | <input type="checkbox"/> Glasses |
| | | <input type="checkbox"/> Nervous/Attention Disorder | <input type="checkbox"/> Bone/Joint Disease | <input type="checkbox"/> Other |

If you have checked any of the above, please explain

Do you have health insurance for your child? Yes No

Is your child currently under medical care? Yes No

If **Yes**, please describe condition _____

Does your child take medication? Yes No

If **Yes**, type _____

Immunizations received in the past year _____ Date _____

Date of last medical exam _____ Doctor's Name _____ Phone _____

Date of last vision exam _____ Doctor's Name _____ Phone _____

Date of last dental exam _____ Doctor's Name _____ Phone _____

PLEASE READ BEFORE SIGNING YOUR NAME BELOW: In consideration of entry of said child, I do hereby release and forever discharge Fort Lewis College, the Recreational Sports Department and all other sponsors and associates for any claims of damages, demands, actions whatsoever in any manner arising or growing out of my participation in this activity. I understand that participation in Mini Sports Camp activities present potentially dangerous hazards, which could cause serious physical injury or death to said child or others. I attest and verify that I have full knowledge of the risks involved in this camp and said child is physically fit and sufficiently trained to participate in this event.

I, the undersigned, do hereby authorize employees of Fort Lewis College to contact directly the persons named on this form, and do authorize the named physicians/dentist such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, Fort Lewis College are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold Fort Lewis College financially responsible for the emergency care and/or transportation for said child.

Parent Signature _____ Date _____