

ARMSTRONG STATE UNIVERSITY

MEDICAL

In cases where medical attention is necessary, parents will be contacted for approval when possible. We require completion of a medical release form signed by the parent or guardian in order that we may react responsibly in an emergency situation.

Please sign below to signify full understanding of the rules discussed above:

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

AUTHORIZATION FOR MEDICAL CARE

In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. The hospital will not perform services unless this form is presented at the time of treatment.

_____ (camper's name) has my permission to receive medical attention in the event of illness or medical emergency while participating in this Armstrong State University Summer Camp. I will assume the financial responsibility for any cost of health care for my child that may occur during this Camp.

PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Camp. By signing my name I represent and warrant that I have provided all materials and important information to the Armstrong State University pertaining to my child's medical, mental and physical condition and that it is accurate and complete. I agree to notify the Armstrong State University of any changes in my mental, physical or medical condition prior to my Child's scheduled Camp.

By revealing or disclosing the above medical information it will not be used by Armstrong State University personnel or employees to determine my Child's ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my Child.

Camper's Name _____

Camper's Signature _____

Date _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____

Date _____

**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19*

ARMSTRONG STATE UNIVERSITY

Medical Clearance

I hereby certify the named camper is physically able to participate in Armstrong State University Summer Camp and that I know of no physical impairments which would in any manner limit his/her participation in such program.

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Physician's Signature

Date

Or

Provide any physical accompanied with a physician's signature dated within 12 months of camp with registration or at check-in (state HS physical, etc)

Medical & Insurance Information

Ins. Company:		Claim #	
City/State		Zip Code	
Phone #			

**Front and back copy of insurance card should be included at time of check-in*

Medical History (*allergies, present medication, special considerations, etc.*)

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Parent/Guardian:			
Address:			
City		State	
Zip Code		Phone	

Emergency Contacts

Name	Phone	Cell

ARMSTRONG STATE UNIVERSITY

Emergency Contact Information

Campers Name			
Camp Attending			
Age		Date of Birth	

Parent/Guardian Name:			
Relationship		Phone #	
Emergency Contact Name:			
Relationship		Phone #	
Emergency Contact Name:			
Relationship		Phone #	

Name/Contact Info of additional person(s) authorized to pick up above camper

Authorized Pick-Up Person	
Phone #	
Authorized Pick-Up Person	
Phone #	

ACKNOWLEDGEMENT: In signing this Agreement, I acknowledge and represent that all information provided is accurate and up to date.

Parent/guardian signature _____

Parent/guardian printed name _____

Date _____