

MEDICAL INFORMATION AND RELEASE

Camp

**This completed form must accompany the camper before their first health center visit.
It is essential that consent for treatment of a minor is signed by a parent or guardian.**

Camper's Name _____ Birth Date _____ Sex _____
LAST FIRST MIDDLE

Parent Name: _____ Best # to Reach You: _____

Address _____

Person to notify in case of emergency, if other than above: Name _____

Day Phone _____ Night Phone _____ Address _____

Name of Family Physician _____ Phone # _____

1. Does camper have any significant illness or disability? 1 YES 1 NO If yes, please explain _____

2. Please check if camper has or has had any of the following:

1 asthma chicken pox 1 diabetes 1 epilepsy 1 kidney problems

1 polio rheumatic fever 1 tuberculosis 1 other

3. Has camper had any other significant illnesses, injuries, or surgeries? 1 YES 1 NO If yes, please explain _____

4. What routine medications & their dosages does the camper take? _____

5. Date of last tetanus/diphtheria: _____ Date of last MMR: _____

6. Is camper allergic to any medications? 1 YES 1 NO If yes, please list _____

7. Does camper have any other allergies? 1 YES 1 NO If yes, please list _____

8. Have you tested positive for Covid-19: NO YES

If yes, what was the date of the positive test: _____

If yes, have you since been cleared by your doctor to fully participate in physical activity: NO YES

9. Have you received the Covid-19 Vaccine: NO YES

If yes, what was the vaccination type:

Pfizer: Date of Dose #1: _____ Date of Dose #2: _____

Moderna: Date of Dose #1: _____ Date of Dose #2: _____

Johnson & Johnson: Date of full Dose: _____

HEALTH INSURANCE BILLING INFORMATION

Insurance Company _____ I.D. #: _____ Group #: _____

Claim Form Address _____

Name of Policyholder _____ Policy holder Date of Birth _____

Address of Policyholder _____

I hereby authorize Student Health Services to disclose to the above named insurance company, information from the camper's medical record as needed in presenting my claim for benefits.

Camper's signature _____ Date: _____

Last Updated: June 2, 2021 at 1:50 PM

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_____ Camp

Parent's signature _____ Date: _____

CONSENT FOR TREATMENT OF A MINOR

I hereby give my consent for treatment of: _____
Last First Middle Birth Date

This authorization covers any procedure, which may be deemed advisable by the attending staff physician.

Signature of person authorized to give consent for camper treatment Relationship to camper Date

Camper Name (Please Print) _____

CONSENT FOR MEDICATION ADMINISTRATION

To the Parent(s) or Legal Guardian:

If your child is under the age of 18, _____ LLC requires your consent for medication administration or for your child's use of medical devices. The medication or medical devices can be self-administered or be administered by the _____ LLC administrators.

All medications must be in the original medicine bottles and labeled with the camper's name. Prescription medication(s) must also include on the label the doctor's name and phone number, the medication name, and the dosage. Only send the amount of medication for the number of days that your child will be at camp. Do not send a full bottle of medication.

Please complete the information below and check all appropriate information:

_____ No medication has been brought to camp.
Yes, **non-prescription/over the counter medications** are being brought to camp.
Non-prescription/over the counter medication can be self-administered (age 14 and above only).
Please indicate the name of the medication(s), dosage, and reason for taking the medication:

_____ Yes, my child is 14 or above, has the **non-prescription/over the counter medication** listed below, but is **NOT** allowed to self-administer the medication.

Yes, **prescription medication(s)** and/or medical device(s) are brought to camp.

Name of Medication Prescribing Doctor Doctor Phone Number

Dosage How it is taken Time/Days to be Taken

Special Instructions: _____

_____ Yes, my child is over 14 and has my permission to self-administer the **prescription medication**.

Yes, a limited amount of **medication for life threatening conditions** may be carried by my child (age 13 and under).

MEDICAL INFORMATION RELEASE & WAIVER

_____ Camp

As the parent or legal guardian of _____, I give my consent for him/her to participate in the camp programs conducted and/or sponsored by _____ LLC. I understand that participation in sports and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp.

I acknowledge the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, Inc., the coaches, support staff, volunteers and [INSERT CAMP ENTITY], have undertaken steps to lessen the risk of transmission of COVID-19 in connection with this activity. These parties are not responsible in any manner for any risks related to COVID-19 in connection with the activity. I understand that the World Health Organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that the Participant's participation in the activity (including any related travel) carries with it certain inherent risks related to COVID-19 transmission ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. I further acknowledge and understand that due to the nature of this activity, there is a possibility that I/my daughter/son may sustain physical illness (including COVID-19). I acknowledge and understand that I am voluntarily and knowingly assuming the risk of physical illness, including the Inherent Risks of COVID-19, resulting from the participant's participation in the camp/clinic.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the camp and while traveling to and from the site of the camp.

I further acknowledge and authorize the employees or agents of the _____ LLC, Kansas Athletics, Inc., Kansas Team Health, the University of Kansas Health System, or the University of Kansas to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child's treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child's participation in the camp program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, Inc., the University of Kansas Health System, the coaches, support staff, volunteers and _____ LLC, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage, or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Signature of Parent or Guardian _____ Date _____

Phone Numbers: _____
(Home) (Work) (Cell)