

Overnight Camp Medical Release Form

You may mail this form to P.O. Box 282, Frostburg, MD 21532, or fax it to 1-800-591-9766.

Camper's Name: _____ Session #: _____

Parent/legal guardian name: _____ Phone #: _____

EMERGENCY CONTACT (other than parent): _____

Relationship to camper: _____ Phone #: _____

INSURANCE INFORMATION: Company: _____

Policy holder: _____ Policy #: _____ Group #: _____

MEDICAL INFORMATION:

Physician's name: _____ Phone #: _____

MEDICAL HISTORY:

- general good health allergy, food or other asthma diabetes other chronic health condition
- seizure behavioral issues significant mental health condition
- prescription medicine (see Medication section below) other medication

Explanation if you checked any of the above: _____

MEDICATION: If your child will be taking medication at camp, you must fill out the portion below. Prescription medication may only be given if it is in the original container from the pharmacy with the FULL label still on it. If your medication came with an outer container (box, etc.) that has the label, this container **MUST** be brought to camp. Campers may not keep medication of any kind with them. All medication must be turned in to the athletic trainers upon arrival.

<i>Medication</i>	<i>Reason for medication</i>	<i>Dosage</i>	<i>Taken how many times per day and at what times</i>	<i>Camper has taken at least one dose prior to camp (required)</i>

- The above-listed medication(s) may be given to the above-named camper.

CONSENT TO RELEASE:

I hereby give permission to Morgan Wootten, Inc., t/a Coach Wootten's Basketball Camp, its officers, employees, agents, trainers and staff members to take whatever action is necessary for the health and welfare of my child including consenting on my behalf to any and all medical treatment, procedures, operations and/or hospitalizations and I further agree to hold them harmless and indemnify them for all medical bills incurred for the treatment of my child. I understand that basketball is a very physical sport which can result in serious injury. I hold Morgan Wootten, Inc., t/a Coach Wootten's Basketball Camp, its officers, employees, agents, trainers and staff members harmless and hereby release them from liability for any injury to my child while attending the camp. I understand that my child will swim at camp. I give my consent and permission for my child to do so.

- I give permission for my child to take more than one dose of over-counter medication(s) (pain reliever, antacid, cough meds, etc.). The camp stocks these medications so there is no need to send them to camp.

SIGNATURE OF PARENT OR GUARDIAN: _____

You must furnish a record of immunizations. Use the chart below or attach a copy of the doctor's record. Have the record signed by your child's physician. If your child is exempt from immunization on medical or religious grounds, you must provide a signed copy of your state immunization certificate.

	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>
DTP				
DT				
HIB				
OPV				
MMR				
HEP B				
PPD				
Other				

PHYSICIAN'S SIGNATURE: _____