

Annex H Medical Information and Authorization

Name: _____
Last First Middle Initial

Address: _____
Number and Street

City State Zip Code

Date of Birth: Age: Sex: Grade:

Parent/Guardian Name: Relationship: _____

Home Phone No.: () Work Phone No.: ()

If not available in an emergency, notify:

- 1. _____ Phone No.: () _____
- 2. _____ Phone No.: () _____

Health History: (Check, giving approximate dates)

Allergies _____

Current Medications:

Name	Dosage	Frequency	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My Child is currently up to date on all immunizations: [] Yes [] No

Last Tetanus Shot:

Operations or Serious Injuries (and dates):

Chronic Recurring Illnesses or Athletic Injuries (and dates):

Medical Insurance Information

This section must be completed before the minor will be allowed to participate in activities. A photo copy of the insurance card should also be attached.

Insurance Company _____

Insurance Company Phone Number: _____

Policy Number _____

Parent/Guardian Signature: _____

THIS SECTION IS TO BE COMPLETED ONLY FOR THOSE WHO DO NOT HAVE MEDICAL INSURANCE:

In the event there is no medical insurance, Old Dominion University requires that parents/guardians agree to incur the cost of medical expenses of their child. If there is no medical insurance, please complete the section below:

I, _____ agree to be financially responsible for all medical costs incurred by my child, _____ at [event name].

Parent/Guardian Signature _____

A Note to Parents/Guardians without Medical Insurance: You MUST sign where indicated if you carry no medical insurance on the camper. Those without a signature will be returned, and registration will be held until a signature is obtained.

PARENT'S AUTHORIZATION

Liability Release: I, the undersigned, individually and as a parent/guardian of the camper named on the front of this form, a minor, ask that he/she be admitted to participate in the sports camp or youth program being held at Old Dominion University. I do hereby agree to release, discharge and hold harmless Old Dominion University, Foundations thereof, the Commonwealth of Virginia, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or youth program or in the course of competition and-or activities held in connection with the sport camp or youth program.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities.

I give full permission to the camp / youth program to medically treat my child. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the camp or youth program's medical personnel to administer medication. I also give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature: _____ Date: _____

A Note to All Parents/Guardians: You MUST sign and date where indicated. Those without a signature will be returned, and registration will be held until a signature is obtained.