

Wayne State University Sports Medicine Sports Camp Health Form

A summer sports camp participant will not be permitted to attend a camp unless this form is completed, in its entirety, and returned no later than one week prior to registration. On-site registrants must have a completed form before participating in camp.

Camper Information

Camp:	Dates of Camp:
Name:	Camper's DOB:
Parent/Guardian:	Home Phone:
Address:	Work Phone:
City, State, Zip:	Mobile Phone:
Emergency Contact Information	
Name _____	Relationship _____
	Phone _____

Insurance Information (****please attach a copy of insurance card****)

Insurance Company:	Policy Holder's Name:
Policy Holders SS #:	Policy Holder's SS #:
Relation to camper:	
Policy #:	Group #:
Insurance Company Phone Number:	
Pre-approval required: (Circle One) YES NO	Pre-approval Phone #:
Primary Care Physician:	Primary Care Physician Phone:

Health History (To be completed by parent/guardian)

History	Allergies	Tetanus Date: _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bee Stings	
<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Hay Fever	
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Food: _____	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Medications: _____	
<input type="checkbox"/> Loss of Organ	<input type="checkbox"/> Other: _____	

Current medications the camper is taking:

Has the camper been exposed to any communicable disease or injured in the past three weeks? (Circle One) YES NO

If yes please explain:

Is the camper being treated by a physician for any injury or illness? (Circle One) YES NO

If yes please explain:

Camper's with the following conditions must provide written physician's clearance before attending summer camp. Please return an official letter of physician's clearance (for each item) with the form. Please specify the condition in the space provided:

Fracture in past 6 months:	Surgery in past year:
Seizure Disorder:	Spinal or Head Injury:
Diabetes:	Hemophilia:
Loss of Organ:	Heart Condition:
Hospitalization in past 6 months:	

THOSE CAMPERS REQUIRING TAPING OR SPLINTING FOR SPORTS PARTICIPATION MUST SUPPLY THEIR OWN TAPING AND SPLINTING SUPPLIES FOR PRE-EXISTING CONDITIONS.

Consent to Treatment and Limitation and Waiver of Liability

As the parent/guardian of the camper listed above I hereby agree to the following as a condition of _____'s participation in the Wayne State University (WSU), camp program and related activities.

I give permission to WSU, Oakwood Hospital, Henry Ford Hospital, Detroit Receiving Hospital, Harper Hospital or other health care provider to render to the above named camper medical or surgical consultation and any emergency medical care during the campers involvement in the WSU camp program. I understand that all possible effort will be made to inform me in case of such treatment.

I attest that a physician has examined the camper in the past twelve months and he/she was found to be in good health. I attest that currently there is no medical reason for the camper not to participate in the strenuous activities of the camp.

I acknowledge that participation in sports camp program and related activities involves assumed and inherent risk of personal injury (including death). I assume such risk on behalf of the camper and give my permission to the camper to participate in all sport camp activities. I release and agree to hold harmless WSU, its Board of Governors, agents, officers, staff and employees from claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any camp activity. I understand that the camper will be subject to the rules and regulations of WSU camp. I understand that any person who repeatedly disobeys camp policies or procedures will be immediately expelled from the camp.

Parent/Guardian Name Printed _____ Parent/Guardian Signature _____ Date _____