



CAMPS & CLINICS - HEALTH & CONSENT FORM

This medical treatment authorization form **MUST** be completed and **SIGNED** by the parent/guardian to enable the camper to participate.

Camp Attending _____

Camper Name _____ Age _____ Gender _____

Address _____

City/State/Zip _____

Emergency Contact Information

Parent/Guardian _____ Relationship _____

Home/Cell Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Home/Cell Phone _____ Work Phone _____

Health Information

Does camper have a history of:

___ Convulsions ___ Heart Defect/Murmur ___ Asthma ___ Chicken Pox ___ Diabetes

___ Bleeding Disorder ___ Surgery (past 2 years) ___ Mumps ___ Sickle Cell

Brief Description of items checks _____

Medications: Type, dosage and frequency (list) _____

Allergies: (medications, foods, stings, other) _____

AUTHORIZATION FOR TREATMENT: *I do hereby authorize Purdue Northwest's athletic training staff to provide first aid, follow-up and/or referral to PNW's Health Service Staff, local physician or local hospital for emergency care. Furthermore, I hereby authorize PNW Health Service Staff to provide medical treatment and/or referral for further evaluation and treatment for the above named person in the event this should become necessary while participating in any Purdue University Northwest – sponsored camp activities.*

Signature of Parent/Guardian (required for participation)

Date

Each applicant must have a **Health Consent Form** signed by a parent/guardian, stating camper is in good health and who to contact in case of emergency. This form must be completely filled out, **signed** and returned to us, along with registration.

Athletes must come to the camps physically sound.

No preventative taping will be administered for injuries received prior to camp.