



Sports Medicine

Sport Clinic Attending: _____

Clinic Dates: _____

Dean College Camps/Clinics Medical Information, Waiver, and Release Form

(Please bring this form with you on the first day of the camp or clinic)

Section I: Demographic Information (to be completed by a Parent or Guardian)

Name: _____ Sex: M F Other Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Name: _____

Relationship to Child/Camper/Clinic Participant: _____

Contact Number: _____

Secondary Emergency Contact Name: _____

Relationship to Child/Camper/Clinic Participant: _____

Contact Number: _____

Section II: Medical History and Medications

Allergies: _____

Medications: _____

Inhaler: Yes or NO

Epi Pen: Yes or NO

Pertinent Injury History: Please summarize any injuries/ongoing illnesses your child has sustained. _____



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Section III: Waiver and Release Form

In case of emergency, I hereby give permission to the Dean College Sports Medicine staff to secure proper treatment for the participant as named above.

The named participant above has my permission to participate in the above designated sports clinic. In case of emergency, I understand that every attempt will be made to contact the emergency contact listed above. If contact is unsuccessful, I give permission for the certified athletic trainer on duty to render medical treatment to the participant, including (if necessary) hospitalization. Any expense incurred is the responsibility of the person signing below.

The undersigned being a parent or legal guardian of the child requesting admittance, does hereby affirm that the participant is in good health, and suffers from no illness or disability that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

I understand that, as a condition of admittance as a participant, the undersigned, on behalf of all parents and guardians, and on behalf of the participant, hereby release the sports clinic, the Dean College Athletic Department, and all other employees or agents of the clinic from any liability from any loss or damage of personal property, injury or illness, mental or physical suffered by the participant during or related to the clinic.

Parent/Guardian Signature: _____

Date: _____