

Medical History & Treatment Parental Consent Form

**Important:** Each person who attends Valparaiso University Sports Camp must have this form Completed in full, on their behalf by a parent or legal guardian if under 18 years of age.

**Section A-C: To be filled out by parents (please print)**

**Section D: To be filled out by Parents or Family Physician. (A physical is not required)**

**Section A:**

Name of Participant: \_\_\_\_\_ Name of Camp attending: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Parent or Guardian's Name: \_\_\_\_\_  
Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

**Section B: (Participant must be covered by an existing health insurance policy.)**

Name of Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Medical Insurance Policy Number: \_\_\_\_\_

**Section C: (Medical Treatment & Liability Release)**

I/We, the undersigned parent or guardian, do hereby grant my permission for my son/daughter to attend the Valparaiso University Sports Camp in all activities thereof. In the event of an injury or illness during these activities, even if I cannot be directly contacted at the time, I hereby authorize Porter Memorial Hospital to provide the medical treatment deemed necessary. I/We hereby release Valparaiso University, Porter Memorial Hospital and their agents, employees, and representatives from any and all claims and liability arising in any way out of its exercise of this authority. I/We understand and agree that all bills for medical care and treatment will be forwarded to my insurance company or me, and that it will be my responsibility to see that such bills are paid. I/We further acknowledge, understand, and agree that in participating in this activity, there is a possibility of physical injury or illness and that my son/daughter is assuming the risk of injury by his/her participation. I/We further authorize the program director of his/her staff, or the training room staff to administer non-prescription analgesics for minor problems such as headaches, etc.

(Parent's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Section D: (Medical History Form)**

Date of last tetanus injection: \_\_\_\_\_  
Please check diseases camper has had: \_\_\_ Mumps \_\_\_ Measles \_\_\_ Polio \_\_\_ Chicken Pox  
List any allergies: \_\_\_\_\_  
Is the camper allergic to any medication? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_  
Does the camper under the care of a physician or taking any medication? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_  
Does the camper under the care of a physician or taking any medications? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_  
Does the camper have any of the following frequently or is he/she a victim of any of the following:  
\_\_\_ Nosebleeds \_\_\_ Rupture \_\_\_ Ear Aches \_\_\_ Stomach Cramps \_\_\_ Heart Exhaustion  
\_\_\_ Epilepsy \_\_\_ Heart Condition \_\_\_ Sore throats \_\_\_ Diabetes  
Has the camper been hospitalized? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

Parent's/Guardian signature: \_\_\_\_\_  
Family Physician's Name: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_  
Physician's Phone Number: \_\_\_\_\_  
Your e-mail address: \_\_\_\_\_

Release for Media Usage

I, the undersigned, do hereby consent and agree that **Valparaiso University Sports Camp** and its employees or agents have the right to take photographs, videotape or digital recordings of my child/children and to use these in any and all media, now or hereafter known, and exclusively for the purpose of **Valparaiso University Sports Camp**. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **Valparaiso University Sports Camp**, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording my child/children, either for initial or subsequent transmission or playback.

I also understand that **Valparaiso University Sports Camp** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of Participant: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_