PLEASE BRING FIRST DAY OF CAMP

AQUINAS COLLEGE SUMMER SPORTS CAMP MEDICAL REPORT

THIS FORM MUST BE COMPLETED AND SIGNED BY A PARENT OR GUARDIAN

It is the aim of Aquinas College to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet that goal. The history is required primarily to determine what adjustments, if any, must be made in schedules of activities to meet the individual needs of participants. The information will also be used in the unlikely event of any participant injuries or medical emergencies.

Participant First Name (Print)	MI	Last Name	Age	Birth date

Home Street Address	Home Telephone

Home City, State, Zip	Grade (11-12)

IN CASE OF EMERGENCY CONTACT:

First Name Last Name	Relationship
Street Address, City	Daytime Phone ( ) -

List any conditions we should be aware of: i.e. epilepsy, diabetes, allergies, etc.

Is the participant now under medication or treatment? Yes _____ No _____

Give type dosage, type of treatment in space below:

DATE OF LAST PHYSICAL EXAMINATION: _____

Insurance Information: Participants must be covered by their own medical insurance.

Insurance Company Name	Type (HMO, PPO, Blue Cross)
Subscriber's Name	Policy/Claim Number

PARENT OR GUARDIAN NAME:

Knowing that there are inherent risks involved in sports, ie. Contusions, strains, sprains, fractures, I/we voluntarily assume the risks involved in my/our child's participation in the Aquinas College Sports Camp. I/we waive Aquinas College, the camp director, and any member of the staff of any liability resulting from such accidents, injuries or illness incurred during the program. Furthermore, the director is authorized to make any emergency decisions requiring medical attention.

_____ _____

Signature of Parent/Guardian Date

PLEASE BRING FIRST DAY OF CAMP