

2020 Sports Camp at Stony Brook-Medical History Form
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Name of Camp Attending: _____ **Number of Weeks Attending:** 1 2 3 4 5 6 7 8

Personal Information

Name of Camper: _____ Sex: M F Birthdate: _____ Age: _____

Name of Parent: _____ Cell Phone: (____)____-_____

Address: _____ Work Phone: (____)____-_____

Home Phone: (____)____-_____

Name of person to contact in an emergency: _____

Relation to camper _____ Cell Phone: (____)____-_____

Insurance Policy Carrier _____ Policy Number _____

Medical History

Is child in good health: Yes

No If not, please explain: _____

Should nature and amount of physical exercise be limited: Yes No If so, please explain: _____

Does child have any allergies: Yes No If so, please explain: _____

Is child taking any medications regularly: Yes No If so, please explain: _____

Is child prescribed an inhaler or epi-pen? Yes No If so, please explain: _____

Assumption of Risk Statement

I have registered my child, _____, for Sports Camps at Stony Brook University. I am fully aware of the actual and potential risks of personal injury (including serious injury and death) inherent in this activity. By signing below, I am asserting that I knowingly and voluntarily assuming all such risks for my child as well as medical expenses incurred as a result of injury or illness to my child.

Parent/Guardian Signature: _____ Date: _____

Authorization for Medical Care

I hereby authorize the Camp Director and/or Athletic Trainer from Sports Camps at Stony Brook to be responsible for my son/daughter, _____, for the purpose of medical attention. I also grant permission for an emergency physician to examine and treat, hospitalize or secure treatment for my child in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____

Permission to Apply Topical Creams / Ointments

I, _____, give permission for the caregivers of Summer Camps at Stony Brook University to apply sunscreen/ointments to my child, _____ while he/she is in attendance at the camp.

Please do **not** apply _____ because of known or suspected allergic reactions.

Parent/Guardian Signature: _____ Date: _____