

# UNIVERSITY OF SOUTH ALABAMA

CENTER FOR  
CONTINUING EDUCATION  
AND CONFERENCE SERVICES



TELEPHONE (251) 431-6411  
2001 OLD BAY FRONT DR., 2<sup>ND</sup> FLOOR  
MOBILE, ALABAMA 36615-1427

## EMERGENCY MEDICAL INFORMATION

*This form must be completed and returned prior to the first day of camp for your child to participate in the camp. This form should be returned to the Center for Continuing Education and Conference Services at the above address.*

**CAMPER NAME:**

**ADDRESS:**

Street City State Zip Code

AGE: SEX: BIRTH DATE: GRADE: SCHOOL:  
mm/dd/yy

### PARENT/GUARDIAN/OTHER EMERGENCY CONTACTS

**NAME:**

Relationship

HOME PHONE: ( )

WORK PHONE: ( )

**ADDRESS:**

Street City State Zip Code

**NAME:**

Relationship

HOME PHONE: ( )

WORK PHONE: ( )

**ADDRESS:**

Street City State Zip Code

### HEALTH INFORMATION STATEMENT

Check below any information you feel the staff may need to maximize the safety and the well being of the camper. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate important information. This information is confidential.

Mental or emotional health issue:

Seizure disorder:

Lung Disease (asthma, persistent cough, tuberculosis):

Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure:

Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever):

Stomach or Intestinal Trouble:  ulcers  gall bladder  liver disorder  jaundice  hernia  colitis

Arthritis, Diabetes, Kidney or Bladder Disease:

Hay Fever or Allergies:

Impaired Sight or Hearing, Chronic Ear Infections:

- Recent Surgical Operations, Accidents or Injuries:
- Any Current Infectious Disease:
- Any Current Skin Disease:
- Allergy to Foods:
- Do You Wear Glasses?                      Yes                       No                       Sometimes
- Do You Wear Contact Lenses?      Yes                       No
- Date of last TETANUS BOOSTER:                      (mm/dd/yy)
- Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) Include explanation.
- Any other current health related issues?

*Please note: All medications which accompany the camper to camp will be given to the Athletic Trainer. The Trainer will dispense the medication in accordance with the directions provided by the camper. All authorized over-the-counter and prescription medication should be listed on this form.*

- Allergy to Medicines (including penicillin, tetanus):
- Medication that needs refrigeration:
- Medicines currently taken by camper, including non-prescription or over-the-counter medications (list names, doses, times):
- Under on-going care of a Physician (NAME AND PHONE #) for chronic or recurring problem:

**Family Doctor's Name:**

**Clinic/Hospital:**

**City:**

**Phone:** (    )

**Health Insurance Provider:**

**Name Policy Number:**

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand if my child becomes ill or injured, my health insurance is primary coverage for those expenses. The University of South Alabama carries accident insurance which is secondary coverage in the event of an injury.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent or Guardian)

**This form must be completed and signed to complete a camper's registration and be allowed to check in and participate in camp activities**

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EDUCATIONAL INSTITUTION