



University of South Alabama 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.

CAMPER NAME: _____

ADDRESS: _____
Street City State/Zip Code

AGE: _____ SEX: _____ BIRTH DATE: _____

GRADE: _____ SCHOOL: _____

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 will be kept 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 or liver disorder, jaundice, hernia, colitis) _____

[] Arthritis, Diabetes, Kidney or Bladder Disease _____

[] Hay Fever or Allergies _____
(continued on next page)



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Camper Name: _____

- 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 _____
 - Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) _____
 - Any other current health related issues? _____
 - Up to date on all vaccinations required for school entry? Yes No
- If not, which are not up to date _____

Please note: For overnight camps, all medications that accompany the camper to camp will be given to a designated counselor/chaperone. The counselor will dispense the medication in accordance with the directions provided by the parent. Medication should be in its original container labeled by the pharmacist. Only include enough medication for the time the child will be attending the camp.

- 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 I cannot be reached, 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 that is secondary coverage in the event of an injury.

SIGNED _____ DATE: _____
(Parent or Guardian)



University of South Alabama
Release from Liability for Camps Sponsored by USA

To be completed by participant's parent or guardian. The parent or guardian must sign in the presence of one (1) witness.

TO THE UNIVERSITY OF SOUTH ALABAMA:

I understand that my son/daughter, _____, has the opportunity to
(Name)
 participate in _____ to be held _____ at the University
(Camp/program) (Dates)
 of South Alabama (the "University").

I understand that travel to and from the Camp is my responsibility over which the University has no responsibility or control. In the event of inclement weather, camp staff may transport my child to an enclosed facility either on or off the University campus. Further, I understand that participation in the Camp is voluntary, and I am aware of, and agree to abide by, the rules and regulations of the Camp. I further agree to follow all applicable guidelines regarding Covid-19, including, but not limited to, social distancing and wearing a mask when possible and if required, and to ensure that my child does the same. I understand that while the University has taken measures to prevent the spread of illness, including, but not limited to Covid-19, the University cannot make any guarantees about the possibility of contracting illness during the Camp. I acknowledge that I have had the opportunity to ask questions to my satisfaction regarding this Camp and associated risks prior to signing this Release from Liability.

In consideration of the University permitting my child the opportunity to participate in this Camp, I, in full recognition and appreciation of any and all risks, hazards, and dangers inherent in participating in this Camp to which my child may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding my child's participation in this Camp, including transportation to and from the Camp and Covid-19. Further, I do for myself, my heirs and personal representatives, agree to hold harmless and indemnify, release and forever discharge the University, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation in this Camp. I further understand that the University, its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

I attest and verify that my child has no physical limitations that would prevent safe participation in this Camp and that my child is up to date on all immunizations required for school entry.

IN WITNESS WHEREOF, I have caused this Release to be executed on this ____ day of _____, 20____.

 Parent/Guardian Signature

 Witness

 Date

 Date

PHOTOGRAPHIC RELEASE

- I authorize the University of South Alabama to photograph, video, and/or audio tape my child for promotional use of the University of South Alabama.
- I **do not** authorize the University of South Alabama to photograph, video, and/or audio tape my child for promotional use of the University of South Alabama.

Signature of Parent/Guardian: _____ Date: _____

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