

Saint Mary's College of California Athletic Camps

MEDICAL REPORT

(Must be completed before child can participate in camp)

You may mail, fax, or email this form Attn:

SMC Athletic Camps, P.O. Box 3012, Moraga, CA, 94575, smccamps@stmarys-ca.edu, Fax: 925-376-7049

Child's Name _____ Age _____ Camp Name & Date _____

Address _____ City _____ State _____ Zip _____

Parent's/Guardian's Name _____ Telephone(s): Home _____ Office _____ Mobile _____

Medical Insurance Co. and No.: _____ / _____

The Insurance carried by the SMC Athletic Camp is for secondary insurance coverage for accidental injuries only. It does not cover medical expense for illness.

Additional adult contacts in case of an emergency while your child is attending camp:

Name/Phone # _____ / _____ Name/Phone # _____ / _____

Any physical disabilities that will prevent your child from participating in activities during camp: _____

Medications (Epilepsy/Diabetes/etc.) _____

Any other conditions/concerns the college nurse/athletic trainer should be aware of: _____

Date of last tetanus shot _____ Any drug allergies? _____

Please list any/all medications that your child will bring with him/her to camp and how they have been instructed to use them:

*Please check if allergic to bee stings Reaction (if allergic) _____ Recommended treatment _____

Please Check Appropriate Line: I would like to be contacted about any visit to the Training Room. I approve the college nurse/athletic trainer to give my child Tylenol for minor aches or pains, to treat minor abrasions, and to treat bee stings with antihistamines if deemed necessary. I prefer to be contacted before my child is given any medications.

Examining Physician's Report

I certify that _____ is fit to participate in the activities of the _____ Camp.

Doctor's Signature _____ Date _____ Telephone _____

SIGN HERE

Parent's/Guardian's Authorization

To the best of my knowledge, _____ is in good health and the undersigned, who is one of the parents having legal custody, or the legal guardian of the camper, hereby authorizes and consents to the attendance and participation of the said camper in all of the official activities of the Camp and the adult supervisor to exercise supervision, discipline, and control over the said camper, and further authorizes him/her to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said Camper under the supervision and upon the advise of a physician and surgeon licensed under the provisions of the Medical Practice Act, or consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said Camper by a dentist licensed under the Dental Practice Act.

Signature _____ Date _____

(Parent or Guardian)

SIGN HERE

Photo Waiver

Authorization is hereby given to the Saint Mary's College of California and/or authorized affiliated entities*, to use photographs taken of me and/or my child in classes or camps offered by Saint Mary's College of California. Photos may be used for publication including newsletters, press media, flyers, and brochures.

Signature of parent or legal guardian: _____

SIGN HERE

Print name: _____

*Authorized affiliated entities include: SMC Rec. Sports, Club Sports and other college organizations.

Swim Permission Slip

I give permission for _____ to participate in the planned swimming activities conducted and supervised by Saint Mary's College Summer Athletic Camp Staff.

Signature of parent or legal guardian: _____ Date: _____

SIGN HERE

Any comments or information pertaining to swimming and water skills _____