

Registration and Health Form

Camper's Name: _____
(Last) (First) (M.I.)

Email Contact: _____

Birthday: _____ Grade: _____

Name of School/Club: Women's Volleyball Dates of Camp: _____

TREATMENT PERMISSIONS

As a parent or legal guardian of _____, a minor attending a camp at Southeast Missouri State University, I do hereby authorize, consent, and request Health Services personnel and/or the Athletic Training Staff to provide preliminary evaluation of illnesses and to conduct first aid treatment of potentially serious injuries for my son/daughter/legal ward. I understand that no further treatment will be given without contacting me, except for life-threatening situations. I further authorize that my child/ward may receive Tylenol or Pepto Bismol or Maalox while attending this camp.

Signature _____ Date _____

Relationship _____

Daytime Phone (_____) _____

Cell Phone (_____) _____

IN CASE OF EMERGENCY

Name: _____
(Last) (First)

Relationship _____

Daytime Phone (_____) _____

Cell Phone (_____) _____

INSURANCE INFORMATION

Insurance Co. _____

Policy No. _____

Group No. _____

Known allergies or other conditions:

