

Longwood University Athletic Camp Medical Information



Child's Name _____ Age _____ Camp _____ Camp Dates _____

Address _____ City _____ State _____ Zip _____

Parent's/Guardian's Name _____

Telephone Numbers: Home _____ Office _____ Mobile _____

2 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 **any** activities during camp
(including swimming):

Medications/allergies/conditions (Drug allergies/Bee stings/Epilepsy/Diabetes, etc.)

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

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

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 medically necessary transportation, X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to said Camper under the supervision of appropriate medical personnel.

Signature _____ Date _____
(Parent or Guardian)

Medical Insurance Co. and No.:

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