

Camper Health Questionnaire and Release Form 2009

*This form must be completed in full before participating in any activities.

Participant Name: _____
DOB: ____-____-____
Race: _____ Gender: _____
Height: _____ Weight: _____

Insurance Information
Company: _____
Company Phone: _____
Policy #: _____
Name Insured: _____

Allergies (No Known Allergies ____) (Use the back of page if necessary.)

Medicine: _____
Foods: _____
Insects: _____
Other: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Consent for Medical Treatment:

I understand that in the event of an emergency, every attempt will be made to reach the emergency contact listed. I hereby grant permission for the staff/volunteer to obtain emergency treatment and medical care that may be necessary. _____ *Parent/Guardian Initials*

Check any of the following chronic illness or conditions that may apply. Please explain the of the illness or condition. (Use back if necessary.)

Asthma _____
Seizures _____
Diabetes _____
Epilepsy _____
Heart Condition(s) _____
Hemophilia/Bleeding Disorder _____
Headaches _____
Fainting Spells _____
Other _____
Explain _____

NO KNOWN CONDITIONS _____

Medications: ____ Yes ____ No

List any medications to be dispensed at camp (including extent name, type, and directions) on the back of this form. I authorize the employees and members of Fields & Jossi, LLC to administer the physician prescribed medication to my child _____ *Parent/Guardian Initials*

Liability Release and Hold Harmless Agreement:

In accordance with the above, I understand the inherent risks associated with exercise and/or sports activities and voluntarily assume responsibility. In accordance with the above, "I agree not to bring legal action or suit against Fields & Jossi, LLC, its agents, employees, volunteers, heirs, sponsors or staff, emergency personnel, the physicians, the School Board of Alachua County, Westwood Middle School, its staff, volunteers, agents, or sponsors regarding emergency care, injury, loss, or damage to the participant or property while participating in this camp. _____ *Parent/Guardian Initials*

If limitations for exercise and/or sport activities are present in my child, I give the agents and employees of Fields & Jossi, LLC permission to consult with my child's physician to plan proper activities for my child.

Parent/Guardian Signature

Date

Fields & Jossi, LLC make no guarantee for improvement in health, fitness or sport skills. Results may vary. Some factors that affect results are, but not limited to, genetics, nutrition, rest, and effort level of participant. I have read, completed, understand, and agree with all of the conditions of this Release Form. By signing below, I (parent/guardian) am confirming that all the information given above is accurate and true.

Parent/Guardian Signature

Date

*******Please attach a completed Physician's Approval Form OR a copy of a school physical completed within a year from the start of camp, June 8th.**

Physician's Approval Form

MANDATORY

_____ has medical approval to participate in exercise and/or sports activities that may be provided by and/or recommended by members, agents, owners, employees or managers of Fields & Jossi, LLC.

The following restrictions apply (if none, so state): _____

Physician's Signature

Physician's Name

Street Address

City

State

Zip

Telephone Number/Fax

Date