

Jeff Hawes Old School Basketball Camp Medical Release Form

Camper's Name: _____

Parent/legal guardian name: _____

Home Phone: _____ Work / Cell : _____

EMERGENCY CONTACT (other than parent): _____

Relationship to camper: _____ Phone# _____

INSURANCE INFORMATION: Company: _____

Policy holder: _____ Policy #: _____ Group #: _____

MEDICAL INFORMATION:

Physician's name: _____ Phone #: _____

- MEDICAL HISTORY:** General good health Allergy (food or other) Asthma Diabetes Other Chronic Health Condition Seizure Behavioral Issues Significant Mental Health Condition Prescription Medicine (see Medication section below) Other Medication

Explanation if you checked any of the above: _____

MEDICATION: If your child will be taking medication at camp, you must fill out the portion below. Prescription medication may only be given if it is in the original container from the pharmacy with the FULL label still on it. If your medication came with an outer container (box, etc.) that has the label, this container **MUST** be brought to camp. Campers may not keep medication of any kind with them. All medication must be turned in to the athletic trainers upon arrival.

Medication	Reason for Medication	Dosage	Schedule	Camper has taken dose prior to camp (required)

- The above-listed medication(s) may be given to the above-named camper.

CONSENT TO RELEASE:

I hereby give permission to Jeff Hawes Basketball Camp, LLC, its officers, employees, agents, trainers and staff members to take whatever action is necessary for the health and welfare of my child including consenting on my behalf to any and all medical treatment, procedures, operations and/or hospitalizations and I further agree to hold them harmless and indemnify them for all medical bills incurred for the treatment of my child. I understand that basketball is a very physical sport which can result in serious injury. I hold Jeff Hawes Basketball Camp, LLC, its officers, employees, agents, trainers and staff members harmless and hereby release them from liability for any injury to my child while attending the camp. I understand that there is a possibility that my child might swim while at camp. I give my consent and permission for my child to do so.

I give permission for my child to take more than one dose of over-counter medication(s) (pain reliever, antacid, cough meds, etc.). The camp stocks these medications so there is no need to send them to camp.

Signature of parent or legal guardian:

_____ Date: _____