

Northwestern University – Northwestern Volleyball Camp 2011

Contact/Emergency/Medical Information

Camper's Name _____ Session(s) Enrolled _____

Address _____

Please provide the following information in case we need to contact someone during the camp day. Please give as much information as you think necessary (i.e. time of day typically available at each number, who to call first, etc.)

Parent information:

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Pager/Cellular _____ Pager/Cellular _____

Family Physician Name _____ Office Phone _____

Family Email Address _____

(Please print legibly)

Other pertinent contact information, if necessary: _____

Immunizations:

Yes Year

_____ _____

Measles

_____ _____

Rubella(German Measles)

_____ _____

Polio (Salk-Satin)

Yes Year

_____ _____

Mumps

_____ _____

Diphtheria/Tetanus

Current Rx Medications (medication, dosage, indications, physician's name) _____

Has your child ever had an adverse reaction to any drugs or antibiotics? _____

Other allergies such as a drug, food, or insects? _____

Has your child ever sustained a head or spinal injury? Have they ever lost consciousness? _____

Other health concerns the camp should be aware of: _____

Medical History

Check if your child has had any of the following and give the year:

	<u>Yes</u>	<u>Year</u>	<u>Specific Information</u>
Tuberculosis	_____	_____	_____
High Blood Pressure	_____	_____	_____
Rheumatic Fever	_____	_____	_____
Heart Disease/Murmur	_____	_____	_____
Asthma	_____	_____	_____
Inhalers (types)	_____	_____	_____
Epilepsy	_____	_____	_____
Diabetes	_____	_____	_____
Irregular Pulse	_____	_____	_____
Dizziness/Fainting	_____	_____	_____
Nose Bleeds	_____	_____	_____
Neurological	_____	_____	_____
Migraines	_____	_____	_____
Heat Exhaustion	_____	_____	_____
Heat Stroke	_____	_____	_____
Heat Cramps	_____	_____	_____
Fractures	_____	_____	_____
Sprains	_____	_____	_____
Muscle Injuries	_____	_____	_____
Chicken Pox	_____	_____	_____
Allergies	_____	_____	_____
Appendectomy	_____	_____	_____
ADD	_____	_____	_____
HDD	_____	_____	_____

Injuries/Operations: _____

Medical Statement – Release and Liability Waiver

Our son/daughter, _____, will be participating in the **Northwestern Volleyball Camp** to be held in Evanston, IL in 2011.

I state to you that my son/daughter is in excellent physical condition and that in no way should his/her activities be limited or participation hindered because of any physical ailment. If my son's/daughter's physical condition should change between the time of this statement and the time your camp begins, I will notify you. During the time that my son/daughter is at your camp, if any emergency arises involving the physical well being of my son/daughter, I give you full permission and authority to take such steps as are necessary, in your own good judgment, to protect and assist my son/daughter. I ask that you proceed in the way you would if your own son/daughter were involved and I release you from all responsibility for such actions. I agree that I will pay any hospital expenses, doctor bills, or any other expenses that may be incurred, as a result of treatment given my son/daughter for illness or injury while she/she is attending your camp. I make this statement and commitment as consideration for your allowing my son/daughter to be enrolled in your camp and to take part in all of its activities.

In further consideration of my child's enrollment in the **Northwestern Volleyball Camp**, I, hereby fully release Northwestern University, its trustees, officers, agents and employees from and against any and all liability whatsoever, including injury resulting from the negligence of Northwestern University, its trustee, officers, agents and employees for loss, cost or expense (including Attorneys fees) for personal injury or death arising from or connected in any way with child's use of the facilities, equipment, and vehicles.

Signature of Parent or Guardian

Date

Please include a photocopy of your insurance card (front and back) along with your medical waiver. The Camp must have a copy in hand before your son/daughter may participate in camp activities. **THANK YOU!**

THIS FORM MUST BE FULLY COMPLETED AND PROPERLY SIGNED AND RETURNED BEFORE THE FIRST DAY OF CAMP. FAILURE TO DO SO WILL PROHIBIT YOUR SON/DAUGHTER FROM PARTICIPATION IN ALL CAMP ACTIVITIES, INCLUDING TRANSPORTATION.