

Hilbert College MLax Camp
SUMMER 2016 Release
**Emergency Contact ~ Medical
History**



_____	____/____/____	_____
Camper's <Last, First> Name	birthdate	home phone number
_____		_____
Camper's address		zip code
_____	_____	_____
Mom's name	cell phn #	work #
_____	_____	_____
Dad's name	cell phn #	work #

If you are unable to contact the above names in case of emergency, please contact:

_____	/	_____	_____
Emergency contact name		relationship to camper	contact #

** Please provide a copy of a medical insurance card AND copy of shot records

_____	_____
Camper's physician	Physician's phone number

My child is allergic to:

Does your child have any chronic medical condition? Please explain:

Other medical information:

To the best of my knowledge, my child _____, is in good health. In the event of circumstances which indicated that my child is in need of medical care, I authorize HILBERT COLLEGE's Athletic Trainer to consent to any necessary x-ray examination, medical or surgical diagnosis or treatment, and other evaluation, diagnosis, treatment, medication or hospital care in accordance with standard medical practice by licensed medical personnel. I understand that Hilbert College's athletic staff will attempt to reach me through the numbers listed above prior to any medical decisions are made. I release and agree to hold Hilbert College harmless from any claims due to illness suffered by my child in the course of receiving such medical responsibility and consequences that may arise as the result of this treatment.

_____	_____
Parent/Guardian Signature	Date

Summer of 2016

Consent for Medication Administration

NON-PRESCRIPTION

I / We authorize the employees and agents of Hilbert College to administer to my / our child non-prescription drugs in the event circumstances reasonably demonstrate that my / our child is in need of such medications.

My / Our child must take the following medication (indicate dosage, frequency, etc.):

Parent / Guardian signature: _____ date: _____

PRESCRIPTION

I / We authorize the employees and agents of Hilbert College to administer to my / our child prescription drugs in the event such drugs have been prescribed by a physician. These prescription drugs must include administration directions and are stored in their proper container.

My / Our Child must take the following medication (indicate dosage, frequency, etc):

Parent / Guardian signature: _____ date: _____

This form must be returned upon check-in the first day of camp.