

Ferris State University Racquet & Fitness Center Summer Camp Participant Health Form

THIS FORM MUST BE COMPLETED AND SIGNED BY PARENT/LEGAL GUARDIAN AND RETURNED BEFORE PARTICIPATION WILL BE ALLOWED. FERRIS STATE UNIVERSITY ("FSU") RESERVES THE RIGHT TO DETERMINE THE EXTENT OF PARTICIPATION OF EACH CAMP PARTICIPANT ("CAMPER") IN ALL ACTIVITIES CONDUCTED BY FSU. THE INFORMATION WILL ALSO BE USED IN THE EVENT OF ANY CAMPER INJURIES/ILLNESS.

CAMPER INFORMATION

PLEASE PRINT

Camp Attending:	Dates of Camp:
Camper's Name:	Camper's Date of Birth:
Camper's Address:	Home Phone #:
Parent/Legal Guardian:	Parent/Legal Guardian Mobile Phone #:
Parent/Legal Guardian:	Parent/Legal Guardian Mobile Phone #:

EMERGENCY CONTACT INFORMATION (available 24 hours)

Name:	Relationship:	Phone:
Address:		Additional Phone:

INSURANCE INFORMATION (Please attach a copy of front and back of each insurance card)

Primary Insurance Company:		
Policy Holder's Name:	Relationship to Camper:	
Policy #:	Group #:	Insurance Company Phone #:
Pre-approval required? (Circle one) YES NO		Pre-approval Phone #:
Primary Care Physician:		Primary Care Physician Phone #:
Primary Care Physician Address:		
Secondary Insurance Company (if applicable):		
Relationship to Camper:	Policy #	
Policy Holder's Name:	Relationship to Camper:	
Policy #:	Group #:	Insurance Company Phone #:

HEALTH HISTORY (to be completed by parent/legal guardian)

History	Allergies	Tetanus Date:
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bee stings	<input type="checkbox"/> Other medical conditions: _____
<input type="checkbox"/> Bleeding ulcers	<input type="checkbox"/> Hay fever	_____
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Food: _____	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Medications: _____	_____
<input type="checkbox"/> Loss of organ	_____	
<input type="checkbox"/> Other	<input type="checkbox"/> Other: _____	Date of Last Physical: _____

Current medications the Camper is taking (medications that are required by Campers should accompany them at camp):

Has the Camper been exposed to any communicable disease or injured in the past three weeks? (Circle one): YES NO

If yes, please explain:

Is the Camper being treated by a physician for any injury or illness (Circle One) YES NO

If yes, please explain:

Does the Camper have, or had, the following condition(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> Fracture in past 6 months | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Spinal or head injury |
| <input type="checkbox"/> Surgery in past year | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Hospitalization in past 6 months | <input type="checkbox"/> Loss of organ | <input type="checkbox"/> Heart condition |

Type of illness, injury or surgery	Name, city, state of hospital	Date	Current Status

List any other health or personal concerns that FSU should be aware of in regard to the Camper, or Camper's immediate family. Include any physical conditions that might limit or prevent participation in certain physical activities. Describe such conditions and limitations on activities:

I declare that my answers and statements are correctly recorded, complete and true to the best of my knowledge and belief.

Date	Printed Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian
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**Ferris State University Racquet & Fitness Center
Medical Treatment Authorization, Assumption of Risk & Release
and Waiver of Publicity for Summer Camp Participant**

As the parent/legal guardian of _____, minor camp participant ("Camper"), who is participating in the Ferris State University (FSU) Racquet & Fitness Center Summer Camp, I hereby agree to the following conditions:

MEDICAL TREATMENT AUTHORIZATION: I attest that a physician has examined the Camper in the past 12 months and Camper was found to be in good health. I attest that currently there is no medical reason for Camper not to participate in the strenuous activities of the camp. I understand my rights under the Health Insurance Portability and Accountability Act (HIPAA) and authorize FSU and/or its designee, to release information as necessary for managing camp healthcare. I authorize FSU and/or its designee, to release medical information regarding Camper to interested parties, including parents, family physician, and treating medical authorities. I also acknowledge that FSU is not responsible to administer or monitor the taking of any medication/medicines and/or any health or medical treatments/procedures.

In the event I cannot be reached, I authorize FSU and/or its designee, including but not limited to medical staff at Birkam Health Center and/or nearest hospital emergency room to act for me and to give the required consent and authorization for medical care, diagnosis, and treatment, including but not limited to surgical intervention if necessary, on behalf of Camper, and to do all the necessary things I might, or could do, if personally present. I assume responsibility for expenses incurred.

ASSUMPTION OF RISK, INDEMNIFICATION AND RELEASE: I, the undersigned, agree and acknowledge that in consideration of the use of certain FSU facilities and participation in related camp activities including but not limited to classroom, extracurricular, athletic, and transportation, as the parent/legal guardian of Camper, I assume full risk of injury arising from the use of these facilities and participation in related camp activities, as outlined in the schedule of activities provided by FSU. Neither FSU and/or its designee shall be responsible for any injury or damages except that caused by the gross negligence of FSU or its personnel.

I further agree to save and hold harmless, indemnify, and defend FSU and/or designees from any claim by me, Camper, or Camper's family, estate, heirs, administrator(s), personal representative(s) or assigns, arising out of Camper's participation in the camp.

WAIVER OF LIABILITY: I, the undersigned, agree and acknowledge that FSU is not responsible for damage, loss, or theft of personal belongings that Camper brings to FSU.

WAIVER OF PUBLICITY: I, the undersigned, give permission for the use of any photos, movies and/or audio or video tapings of Camper's activities. The material so obtained may be employed with FSU approval for educational purposes, media coverage, or for publicity benefiting education. I also acknowledge that FSU cannot control photography/filming between Campers.

I understand that the Camper will be subject to the rules and regulations of the FSU Racquet & Fitness Center Summer Camp and that FSU may, as a result of inappropriate conduct or other reasons, revoke the invitation to participate at any time resulting in Camper's immediate dismissal and ban from FSU property.

THIS IS A RELEASE OF LEGAL RIGHTS—READ AND UNDERSTAND BEFORE SIGNING.

Date Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian

Date Signature of Camper