

PARENT/GUARDIAN MEDICAL AND INSURANCE INFORMATION FOR YOUTH PARTICIPANT

This form must be completed by all participants in the Monmouth University Camp offered by Monmouth University on the Monmouth University campus.

I. INFORMATION ABOUT THE YOUTH PARTICIPANT AND ACTIVITY:

Name of Youth Participant: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Email address: _____
 Birthdate: _____ Grade: _____ Age at Time of Participation: _____
 Name of Camp: _____
 Date(s) of Camp: _____

II. MEDICAL HISTORY:

1. Is the above named participant allergic to any of the following: medications, insect bites, food, other?
 Yes No
 If Yes, indicate allergies: _____
2. Is the above named participant allergic to nuts?
 Yes No
3. Is the above named participant allergic to latex?
 Yes No
4. Does the above named participant wear medical appliances (glasses, contact lenses, etc.)? Yes No, if Yes, please explain: _____
5. Is the above named participant presently taking, or will be taking any medication during their stay at camp?
 Yes No
 If Yes, indicate medications: _____
 - i. I hereby grant permission for my child to be given the following provided medications. All medications must be well labeled, providing the proper dosage amount and time that they need to be taken. [NOTE: Any/all prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless Monmouth University, all of its trustees, officers, directors, employees, agents, students, and volunteers assume no responsibility for any injury or damage which might arise out of or in connection with administering the above-indicated medication.
 - ii. *(Please initial)* _____
6. Has had an episode of the following or has been diagnosed with: Seizures Asthma Diabetes
7. Is the above named participant being treated for an injury or illness at this time?
 Yes No
 If YES, indicate current treatments: _____
8. Check all of the following immunizations that are up to date:
 MMR Diphtheria Tetanus Polio Pertussis-Whooping Cough

- 9. Has a medically prescribed diet (*please explain*) _____
- 10. Has had a medical surgery within the last six months? Yes No
 - i. Still under the doctor's care? Yes No
- 11. Does the above named participant have/had any of the following? (Check all that apply.)
 - Rubella Measles Mumps Chicken Pox Pneumonia
 - Diabetes Heart Condition Other: _____

Note: If the above named individual has a history of serious illness and/or injury (i.e., heart murmur, surgery, epilepsy, etc.) a note from a licensed physician must accompany this form to insure that the individual may be cleared to participate in all camp activities.

III. INSURANCE INFORMATION:

Insurance Company name, address, and telephone number: _____

Policy Holder's Name: _____

Policy Number: _____ Group Number: _____
 Policy Holder's date of birth: _____ Policy Holder's Phone Number: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

IV. EMERGENCY CONTACT INFORMATION:

You must provide a phone number of someone who can be reached during camp hours, whether it is a parent or a designated emergency contact:

Primary Contact Name: _____ Relationship: _____
 _____ Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Email Address: _____
 Language(s) Spoken by Primary Emergency Contact: _____

Secondary Contact Name: _____ Relationship: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Work Phone Number: _____ Email Address: _____
 Language(s) Spoken by Secondary Emergency Contact: _____

By signing this form, you certify that the above named individual is physically fit and able to participate fully in the above indicated Monmouth University Camp. You further certify that to the best of your knowledge, the medical information is complete and correct and the insurance information provided is current.

By signing my name and inserting the date, I acknowledge and agree that I am submitting an electronic signature indicating that I have read and agree to accept all of the terms and conditions set forth in this form. I further acknowledge and agree that a facsimile copy, PDF or photocopy of my signature hereto shall be valid and shall have the full force and effect as an original.

I understand and agree that it is recommended that I should retain a copy of the Agreement and print or make an electronic copy.

If you do not have access to a printer, please contact dfrith@monmouth.edu prior to submitting your order, and a hard copy will be provided for you.

Signature of /Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Signature of Participant: _____ Date: _____

Printed Name of Participant: _____