

**CLEMSON TIGER AQUATIC CAMPS
P.O. BOX 892
CLEMSON, SC 29633-0892**

MEDICAL / HEALTH-RELATED FORMS 2008 (3 pages)

MEDICAL FORM

Please PRINT or TYPE (USE ONE FORM PER CAMPER)

Participation in camp is not permitted without these forms on file.

Complete all information where applicable.

NAME _____ WEEK(S) ATTENDING _____

Last First Middle

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____

BIRTHDATE ____/____/____ SOCIAL SECURITY ____/____/____ SEX _____

PARENT/ GUARDIAN FULL NAME _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____

DAY PHONE (_____) _____ - _____ NIGHT PHONE (_____) _____ - _____

MOM CELL (_____) _____ - _____ DAD CELL (_____) _____ - _____

IF PARENT/ GUARDIAN NOT AVAILABLE, **IN AN EMERGENCY** NOTIFY _____

PHONE (_____) _____ - _____ OTHER PHONE (_____) _____ - _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____

HEALTH INSURANCE (Mandatory for ALL Campers) COMPANY NAME _____

POLICY NUMBER _____ NAME OF POLICY HOLDER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____

MEDICAL HISTORY

(To be completed by Parents or Camper)

List all medications camper is currently taking

List all medical conditions currently under treatment

Does camper have allergic reactions? YES _____ NO _____

If yes, please describe _____

Date of last tetanus immunization _____

I hereby state that Clemson Tiger Aquatic Camp, Inc. is not responsible for any pre-existing injury or illness of the above camper. I / We will be responsible for any and all costs of medical attention and treatment necessary during camp or as a result of camp, and have medical insurance to cover these costs.

Signature of Parent/Guardian **Date**

CONSENT FOR MEDICAL TREATMENT / RELEASE OF MEDICAL INFORMATION

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents / guardians so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I / We give permission for such diagnostic, therapeutic, and operative procedure as may be deemed necessary for my son/daughter.

I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payment in full of any charges incurred.

Signed _____

Relationship _____ Date _____

PARENTAL CONSENT

I/We understand that, as with any sport, injuries can occur, and I/We hereby acknowledge that our child is physically fit and mentally capable of participating in swimming, aquatic, and camp activities.

I / We, represent that, I / We have sought the opinion of our child's physician, and he / she concurs that the above named camper is fully capable of safely engaging in the activities of the Clemson Tiger Aquatic Camps.

I/We also understand that it is my / our responsibility in caring for the above named camper to be assured that he/she is fully capable of engaging in the activity associated with this sport. I / We are confident that he / she is able to engage in this sport.

Signed _____

Relationship _____ Date _____

Name of Physician: _____

Phone: (_____) _____ - _____