

## Sports Camp at Stony Brook-Medical History Form

**Name of Camp Attending:** \_\_\_\_\_ **Number of Weeks Attending:** 1 2 3 4 5 6 7 8

### Personal Information

Name of Camper: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name of Parent: \_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 \_\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Name of person to contact in an emergency: \_\_\_\_\_  
 Relation to camper \_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Insurance Policy Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

### Medical History

Is child in good health: Yes

No If not, please explain: \_\_\_\_\_

Should nature and amount of physical exercise be limited: Yes No If so, please explain: \_\_\_\_\_

Does child have any allergies: Yes No If so, please explain: \_\_\_\_\_

Is child taking any medications regularly: Yes No If so, please explain: \_\_\_\_\_

Is child prescribed an inhaler or epi-pen? Yes No If so, please explain: \_\_\_\_\_

### Assumption of Risk Statement

I have registered my child, \_\_\_\_\_, for Sports Camps at Stony Brook University. I am fully aware of the actual and potential risks of personal injury (including serious injury and death) inherent in this activity. By signing below, I am asserting that I knowingly and voluntarily assuming all such risks for my child as well as medical expenses incurred as a result of injury or illness to my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization for Medical Care

I hereby authorize the Camp Director and/or Athletic Trainer from Sports Camps at Stony Brook to be responsible for my son/daughter, \_\_\_\_\_, for the purpose of medical attention. I also grant permission for an emergency physician to examine and treat, hospitalize or secure treatment for my child in the event of an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Permission to Apply Topical Creams / Ointments

I, \_\_\_\_\_, give permission for the caregivers of Summer Camps at Stony Brook University to apply sunscreen/ointments to my child, \_\_\_\_\_ while he/she is in attendance at the camp.

Please do **not** apply \_\_\_\_\_ because of known or suspected allergic reactions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_