

2019 RAIDERS SPORTS CAMP

Medical Information Form

STUDENT NAME (first, middle, last): _____

Address: _____ Date of Birth: _____

STUDENT'S DOCTOR: _____ Phone: _____

MEDICAL CONDITIONS: Please list any food allergies, allergies to medications, or any medications the student is currently taking:

Other important medical information/conditions : _____

Date of student's most recent tetanus shot: _____

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____

Plan Number: _____ Employee Identification Number: _____

EMERGENCY CONTACTS:

Parent/Guardian (first, middle, last name): _____

Phone Number: _____ Email: _____

Other Contact Name (if parent cannot be reached): _____

Phone Number: _____ Relationship to Student: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT/PERMISSION

This information will be kept in the possession of the school/parish. A copy will be distributed to the person in charge of the athletic activity in which the student participates. Should the need arise this information will be given to the proper medical authorities.

I, _____, [parent/guardian], understand that in the case of illness or

injury to my child, _____ [child's name], the school/parish will try to notify me or the person I have listed as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility. I hereby release and agree to indemnify and hold harmless the Catholic Diocese of Peoria, the parish, the school, coaches, and counselors from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation. Finally, I agree that my child is responsible for abiding by all rules/regulations of the camp.

Parent/Guardian Signature: _____ Date: ____/____/____