



# UIS Camp/Clinic Health & Consent Form



This form **MUST** be completed and **SIGNED** by the parent/legal guardian of the camp participant prior to camp participation.

Camp Attending (Sport/Date) \_\_\_\_\_  
Camper's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### HEALTH INFORMATION

\_\_\_\_\_ Convulsions \_\_\_\_\_ Heart Defect/Murmur \_\_\_\_\_ Asthma \_\_\_\_\_ Chicken Pox  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Bleeding Disorder \_\_\_\_\_ Surgery (past 2 yrs) \_\_\_\_\_ Mumps  
Brief description of items checked: \_\_\_\_\_

Medications (type, dosage, frequency): \_\_\_\_\_

Allergies (medications, food, stings, other): \_\_\_\_\_

### INSURANCE INFORMATION

The University of Illinois – Springfield **requires** that all sports campers carry health insurance coverage. The parent/guardian's personal or injury insurance policy will be utilized as the primary insurance for the treatment of injuries and hospitalization for illness or injuries incurred during the sports camp/clinic. If you do not possess health coverage, a temporary policy covering the sports camp/clinic must be purchased (through your insurance agent) to cover the camper for the duration of the camp/clinic. **The name of the health insurance carrier and policy number must be written below in order to attend a UIS sports camp.**

Insurance Carrier Name \_\_\_\_\_ Policy/Group Number \_\_\_\_\_  
Carrier Address/Phone \_\_\_\_\_

*AUTHORIZATION FOR TREATMENT: I do hereby authorize UIS's camp athletic training staff to provide first aid, follow-up care, and/or referral to UIS's Health Service Staff, local physician, or local hospital for emergency care. Furthermore, I hereby authorize UIS Health Service Staff to provide medical treatment and/or referral for further evaluation and treatment for the above named person in the event this should become necessary while attending camps/clinics at the University of Illinois – Springfield.*

*RELEASE OF LIABILITY: I do hereby release the Board of Trustees of the University of Illinois, and its directors, employees, and agents, from any liability or claims for damages, resulting from injuries, or loss of property, which may occur during attendance at, or participation in, UIS Athletics sponsored camps/clinics.*

**Signature of Parent/Guardian** \_\_\_\_\_ Date \_\_\_\_\_  
(Required for participation)