

**2024 CAMP MEDICAL FORM**  
**MEDICAL HISTORY, TREATMENT PERMISSION AND RELEASE**

*Note: This form is required prior to participation in sport camps or clinics.  
Participation will not be permitted until this form has been completed, fully signed,  
and is on file with the sports camp.*

**CAMP INFORMATION**

Sport: \_\_\_\_\_

Camp Name: \_\_\_\_\_ Camp Date(s): \_\_\_\_\_

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

**Copy of Insurance Card REQUIRED for camp participation. Please attach on next page.**

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**MEDICAL HISTORY**

Asthma: NO YES \*if you use an inhaler, bring it with you to camp!

Allergies (if yes, please list type and severity):

Insect bites/stings: NO YES

Medications: NO YES \_\_\_\_\_

Food: NO YES \_\_\_\_\_

Other: NO YES \_\_\_\_\_

Have you tested positive for Covid-19: NO YES

If yes, what was the date of the positive test: \_\_\_\_\_

If yes, have you since been cleared by your doctor to fully participate in physical activity: NO YES

Have you received the Covid-19 Vaccine: NO YES

If yes, what was the vaccination type

Pfizer: Date of Dose #1: \_\_\_\_\_ Date of Dose #2: \_\_\_\_\_

Moderna: Date of Dose #1: \_\_\_\_\_ Date of Dose #2: \_\_\_\_\_

Johnson & Johnson: Date of Full Dose: \_\_\_\_\_

Current Medications (please list): \_\_\_\_\_

Other Medical Condition: \_\_\_\_\_

**LIABILITY RELEASE, AND INDEMNITY AND HOLD HARMLESS AGREEMENT:** In consideration of the Participant being allowed to participate in this camp/clinic, I hereby release, indemnify, and hold harmless Wake Forest University and its Board of Trustees, the entity operating this camp/clinic, and their respective members, officers, employees, agents, and volunteers (collectively, “the Releasees”), and the successors and assigns of the Releasees, regarding all claims, demands, costs, expenses, and causes of action whatsoever, including those resulting from Releasees’ negligence, arising from the Participant’s participation in the camp/clinic, including but not limited to personal injury, illness (including COVID-19), property damage, or property loss. This includes overnight stays on campus, if applicable.

**ACKNOWLEDGMENT OF RISK:** I understand that while the Releasees have undertaken steps to lessen the risk of transmission of COVID-19 in connection with this activity, the Releasees are not responsible in any manner for any risks related to COVID-19 in connection with the activity. I understand that the World Health Organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that the Participant’s participation in the activity (including any related travel) carries with it certain inherent risks related to COVID-19 transmission (“Inherent Risks”) that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks.

I also understand that this activity involves risk other than COVID-19 to the Participant. I further acknowledge and understand that due to the nature of this activity, there is a possibility that I/my daughter/son may sustain physical illness (including COVID-19) or other injury (minimal, serious, catastrophic, death) in connection with her/his participation. I acknowledge and understand that I am voluntarily and knowingly assuming the risk of physical illness or injury, including the Inherent Risks of COVID-19, resulting from the Participant’s participation in the camp/clinic.

**CONSENT FOR TREATMENT:** I hereby acknowledge that I am responsible for medical charges incurred during sports camp/clinic participation. I hereby give my permission to a certified athletic trainer to supervise on-site first aid for minor injuries. In the event of physical injury, such as broken limb, sprain, contusion, laceration, concussion, etc., or illness requiring medical diagnosis or treatment, I hereby give my consent for sports staff to secure the appropriate medical care; including transportation and hospitalization, if necessary. Every attempt will be made to notify the parent or guardian of the need for any medical attention beyond minor first aid. Note: Overnight stays on campus may be supervised by camp counselors and not certified athletic trainers.

**PHYSICAL EXAMINATION WITHIN ONE YEAR** I certify that within the past 12 months the Participant has had a physical examination by a physician and that he/she is physically able to participate in the sports camp/clinic activities, with or without a reasonable accommodation, and that the Participant does not suffer from any medical condition or disease that might in any way hinder or prevent the Participant from participating in the sports camp/clinic activities, including, to my knowledge, COVID-19.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE TERMS**

\_\_\_\_\_  
Signature of Participant’s Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

(Over)

Attach Insurance Card Copy here:

