



Grand Valley State University Camp Medical Information Form

192 Fieldhouse, Allendale, MI 49401

Fax: (616) 331-3232

Section 1: Camper Information		
Home Address _____	Phone _____	
Name _____	Camp Sport _____	
Date of Birth _____	Camp Dates _____	
Primary Care Physician _____	Office Phone _____	
Is the camper currently being treated by a physician for an injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		
List all medical conditions the staff should be aware of: _____ _____ _____	List all medication the camper is currently taking: _____ _____ _____	List all allergies the camper has: _____ _____ _____

Section 2: Insurance Information			
Address _____	Day Phone _____		
Policy Holders Name _____	Cell/Pager _____		
Date of Birth _____ Social Security # _____	Evening Phone _____		
Insurance Company _____ Address _____	Phone _____		
Group Number _____	Plan Number _____	Contract Number _____	Policy Number _____

Section 3: Emergency Contact			
Name _____	Daytime Phone _____	Cell/Pager _____	Evening Phone _____
_____	_____	_____	_____
_____	_____	_____	_____

As the parent/guardian of the camper listed above I hereby agree to the following as a condition of INSERT CAMPER'S NAME's participation in the Grand Valley State University (GVSU), summer camp program and related activities.

I give my permission to GVSU, St. Mary's Hospital, Spectrum Health Care System, North Ottawa Community Hospital, Metropolitan Health Care System or other health care providers to provide, seek, obtain, or approve any routine, necessary, or emergency health care during the campers involvement in the GVSU summer camp program. I understand that this authorization is given in advance of any specific diagnosis, or treatment or medical care being required and is to serve as specific consent to any and all such diagnosis, treatment or hospital care which may be deemed advisable. I understand my rights under the Health Insurance Portability and Accountability Act (HIPPA) and authorize GVSU to release information as necessary for managing summer camp healthcare.

I attest that a physician has examined the camper in the past twelve months and he/she was found to be in good health. I attest that currently there is no medical reason for the camper not to participate in the strenuous physical activities of the sports camp program.

I acknowledge that participation in sports camp and related activities involves assumed and inherent risk of personal injury. I assume such risk on behalf of the camper and give my permission to the camper to participate in all sports camp activities. I release and agree to hold harmless GVSU, its Board of Trustees, students and employees from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any sports camp activity except where the injury or damage is caused by the gross negligence of the university's employees. I understand that the camper will be subject to the rules and regulations of the GVSU sports camp. I understand that any person who repeatedly disobeys camp policies or procedures will be immediately expelled from camp. GVSU is not responsible for lost or stolen property.

Signature of Parent or Guardian _____ Date _____