

Grand Valley State University Camp Medical Information Form 192 Fieldhouse, Allendale, MI 49401 Fax: (616) 331-3232

Section 1: Camper Information				
	Home			Phone
	Address			Camp
Name				Sport
				Camp Dates
Date of Birth	704 - 1-1			Office
Primary Car	re Physician _			Phone
Is the camper currently being treated by a physic	cian for an inju	ry or illness?	es, explain:	
		_		
List all medical conditions the staff should be a	ware of:	List all medication the campe	r is currently taking:	List all allergies the camper has:
[]				
Section 2: Insurance Information				Day
	Address			Phone
Policy Holders Name				Cell/ Pager
Policy rioliters frame				Evening
Date of Birth Social Security #	_			Phone
Insurance Company	_ Address			Phone
Group Number Pla	n Number	Con	tract Number	Policy Number
Group Number Pla Section 3: Emergency Contact	n Number	Соп	tract Number	Policy Number
	n Number	Con	tract Number	Policy Number
	n Number	Con Daytime Phone	tract Number Cell/Pager	Policy Number Evening Phone
Section 3: Emergency Contact	n Number			<u>·</u>
Section 3: Emergency Contact	n Number			<u>·</u>
Section 3: Emergency Contact	n Number			<u>·</u>
Section 3: Emergency Contact Name As the parent/guardian of the camper 1	isted above I	Daytime Phone	Cell/Pager as a condition ofINSE	Evening Phone
As the parent/guardian of the camper I participation in the Grand Valley State Unive I give my permission to GVSU, St. Ma	isted above I ersity (GVSU ary's Hospital	Daytime Phone hereby agree to the following by summer camp program and control of the control o	Cell/Pager as a condition ofINSE! related activities. m, North Ottawa Community	Evening Phone RT CAMPER'S NAME 's y Hospital, Metropolitan Health Care
Section 3: Emergency Contact Name As the parent/guardian of the camper I participation in the Grand Valley State Unive	isted above I ersity (GVSU ary's Hospital ide, seek, obt	Daytime Phone hereby agree to the following), summer camp program and , Spectrum Health Care Syste ain, or approve any routine, n	as a condition ofINSEI related activities. m, North Ottawa Community eccessary, or emergency healt	Evening Phone RT CAMPER'S NAME 's y Hospital, Metropolitan Health Care th care during the campers involvement in
As the parent/guardian of the camper I participation in the Grand Valley State Unive I give my permission to GVSU, St. Ma System or other health care providers to prov the GVSU summer camp program. I underst required and is to serve as specific consent to	isted above I ersity (GVSU ary's Hospital ride, seek, obt and that this a any and all s	hereby agree to the following), summer camp program and , Spectrum Health Care Syste ain, or approve any routine, unthorization is given in advauch diagnosis, treatment or he	as a condition of	Evening Phone Evening Phone RT CAMPER'S NAME 's y Hospital, Metropolitan Health Care the care during the campers involvement in , or treatment or medical care being emed advisable. I understand my rights
As the parent/guardian of the camper I participation in the Grand Valley State Unive I give my permission to GVSU, St. Ma System or other health care providers to prov the GVSU summer camp program. I underst required and is to serve as specific consent to under the Health Insurance Portability and Achealthcare.	isted above I ersity (GVSU ary's Hospital ride, seek, obt and that this a o any and all s ecountability	hereby agree to the following), summer camp program and , Spectrum Health Care Syste ain, or approve any routine, n authorization is given in adva uch diagnosis, treatment or h Act (HIPPA) and authorize C	as a condition ofINSEI related activities. m, North Ottawa Community ecessary, or emergency healt nee of any specific diagnosis, sepital care which may be de VSU to release information of the control of the con	Evening Phone RT CAMPER'S NAME 's y Hospital, Metropolitan Health Care th care during the campers involvement in , or treatment or medical care being emed advisable. I understand my rights as necessary for managing summer camp
As the parent/guardian of the camper I participation in the Grand Valley State Unive I give my permission to GVSU, St. Ma System or other health care providers to prov the GVSU summer camp program. I underst required and is to serve as specific consent to under the Health Insurance Portability and Achealthcare. I attest that a physician has examined to medical reason for the camper not to particip	isted above I ersity (GVSU ary's Hospital ride, seek, obt and that this a p any and all s ccountability the camper in ate in the stre	hereby agree to the following), summer camp program and , Spectrum Health Care Syste ain, or approve any routine, n authorization is given in advauch diagnosis, treatment or he Act (HIPPA) and authorize C the past twelve months and h nuous physical activities of the	as a condition of	Evening Phone Exercise Phone "S "Y "Y "Y "Y "Y "Y "Y "Y "Y
As the parent/guardian of the camper I participation in the Grand Valley State Unive I give my permission to GVSU, St. Ma System or other health care providers to prov the GVSU summer camp program. I underst required and is to serve as specific consent to under the Health Insurance Portability and Achealthcare. I attest that a physician has examined t medical reason for the camper not to particip I acknowledge that participation in spo behalf of the camper and give my permission	isted above I exity (GVSU ary's Hospital ride, seek, obt and that this a o any and all s occountability the camper in ate in the stre orts camp and t to the campe	hereby agree to the following by summer camp program and summer sumpersum the summer camp program and summer camp program and summer camp program and summer camp program and summer camp and the fact (HIPPA) and authorize the past twelve months and the nuous physical activities of the related activities involves asser to participate in all sports or	as a condition ofINSEI related activities. m, North Ottawa Community accessary, or emergency healt acce of any specific diagnosis, spital care which may be de IVSU to release information accesses the sports camp program. umed and inherent risk of per the participation of the sports camp program. umed and inherent risk of per the participation of the sports camp program.	Evening Phone RT CAMPER'S NAME 's y Hospital, Metropolitan Health Care th care during the campers involvement in or treatment or medical care being med advisable. I understand my rights as necessary for managing summer camp d health. I attest that currently there is no presonal injury. I assume such risk on agree to hold harmless GVSU, its Board
As the parent/guardian of the camper I participation in the Grand Valley State Unive I give my permission to GVSU, St. Ma System or other health care providers to prov the GVSU summer camp program. I underst required and is to serve as specific consent to under the Health Insurance Portability and Achealthcare. I attest that a physician has examined to medical reason for the camper not to particip I acknowledge that participation in specific participation	isted above I prisity (GVSU) ary's Hospital ride, seek, obt and that this a p any and all s ecountability the camper in ate in the stre pris camp and to the campe claims, action	hereby agree to the following), summer camp program and , Spectrum Health Care Syste ain, or approve any routine, n authorization is given in adva- uch diagnosis, treatment or h Act (HIPPA) and authorize C the past twelve months and h nuous physical activities of tr related activities involves ass or to participate in all sports co ns, damages and liabilities for	as a condition ofINSEI related activities. m, North Ottawa Community ecessary, or emergency healt care which may be de IVSU to release information eleshe was found to be in good es sports camp program, umed and inherent risk of pe imp activities. I release and a personal injury or damage re	Evening Phone RT CAMPER'S NAME 's y Hospital, Metropolitan Health Care th care during the campers involvement in , or treatment or medical care being emed advisable. I understand my rights as necessary for managing summer camp d health. I attest that currently there is no ersonal injury. I assume such risk on agree to hold harmless GVSU, its Board elating to or arising out of any sports
As the parent/guardian of the camper I participation in the Grand Valley State Unive I give my permission to GVSU, St. Ma System or other health care providers to provider GVSU summer camp program. I underst required and is to serve as specific consent to under the Health Insurance Portability and Achealthcare. I attest that a physician has examined to medical reason for the camper not to particip. I acknowledge that participation in specific behalf of the camper and give my permission of Trustees, students and employees from all camp activity except where the injury or dam to the rules and regulations of the GVSU spo	isted above I ersity (GVSU) ary's Hospital ride, seek, obt and that this a any and all s ccountability the camper in ate in the stre orts camp and to the campe claims, action age is caused rts camp. I un	hereby agree to the following), summer camp program and , Spectrum Health Care Syste ain, or approve any routine, authorization is given in advauch diagnosis, treatment or he Act (HIPPA) and authorize C the past twelve months and h nuous physical activities of the related activities involves asser to participate in all sports or to by the gross negligence of the nderstand that any person who	as a condition ofINSEI related activities. m, North Ottawa Community ecessary, or emergency healt nee of any specific diagnosis, spital care which may be de VSU to release information e/she was found to be in good e sports camp program. umed and inherent risk of pe imp activities. I release and a personal injury or damage re e university's employees. It	Evening Phone RT CAMPER'S NAME 's y Hospital, Metropolitan Health Care th care during the campers involvement in , or treatment or medical care being emed advisable. I understand my rights as necessary for managing summer camp d health. I attest that currently there is no presonal injury. I assume such risk on the page to hold harmless GVSU, its Board elating to or arising out of any sports understand that the camper will be subject
As the parent/guardian of the camper I participation in the Grand Valley State Unive I give my permission to GVSU, St. Ms. System or other health care providers to prov the GVSU summer camp program. I underst required and is to serve as specific consent to under the Health Insurance Portability and Achealthcare. I attest that a physician has examined to medical reason for the camper not to particip. I acknowledge that participation in specific behalf of the camper and give my permission of Trustees, students and employees from all camp activity except where the injury or dam	isted above I ersity (GVSU) ary's Hospital ride, seek, obt and that this a any and all s ccountability the camper in ate in the stre orts camp and to the campe claims, action age is caused rts camp. I un	hereby agree to the following), summer camp program and , Spectrum Health Care Syste ain, or approve any routine, authorization is given in advauch diagnosis, treatment or he Act (HIPPA) and authorize C the past twelve months and h nuous physical activities of the related activities involves asser to participate in all sports or to by the gross negligence of the nderstand that any person who	as a condition ofINSEI related activities. m, North Ottawa Community ecessary, or emergency healt nee of any specific diagnosis, spital care which may be de VSU to release information e/she was found to be in good e sports camp program. umed and inherent risk of pe imp activities. I release and a personal injury or damage re e university's employees. It	Evening Phone RT CAMPER'S NAME 's y Hospital, Metropolitan Health Care th care during the campers involvement in , or treatment or medical care being emed advisable. I understand my rights as necessary for managing summer camp d health. I attest that currently there is no presonal injury. I assume such risk on the page to hold harmless GVSU, its Board elating to or arising out of any sports understand that the camper will be subject