



CALIFORNIA UNIVERSITY OF PENNSYLVANIA STUDENT HEALTH SERVICES DEPARTMENT

PARENTAL PERMISSION FORM FOR PERSONS UNDER THE AGE OF 18 ATTENDING CAMP OR CONFERENCE.

CAMP/CONFERENCE: _____ DATE(S) ATTENDING: _____

NAME: _____ AGE: _____
(LAST) (FIRST) (MI)

HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE: () _____ Cell/ Business Phone: () _____

IN CASE OF ACCIDENT OR MEDICAL EMERGENCY CONTACT:

NAME: _____ ADDRESS: _____

(CITY) (STATE) (ZIP)

RELATIONSHIP: _____ PHONE: () _____

HEALTH HISTORY (Please check yes or no)

BLEEDING/CLOTTING DISORDER yes ___ no ___

DIABETES yes ___ no ___

HEARING/VISION IMPAIRMENT yes ___ no ___

HEART DISEASE yes ___ no ___

HYPERTENSION yes ___ no ___

KIDNEY DISEASE yes ___ no ___

LUNG/ASTHMA yes ___ no ___

PHYSICAL LIMITATIONS yes ___ no ___

SEIZURE DISORDER yes ___ no ___

STROKE yes ___ no ___

SURGERY yes ___ no ___

OTHER _____

COMMENTS:

DATE OF LAST TETANUS INJECTION: _____

LIST ALLERGIES: _____

LIST MEDICATION YOU ARE TAKING: _____

INSURANCE INFORMATION:

NAME OF CARRIER

POLICY NUMBER

I, _____, THE PARENT OR GUARDIAN UNDERSTAND THAT CALIFORNIA UNIVERSITY OF PENNSYLVANIA DOES NOT PROVIDE HEALTH AND ACCIDENT INSURANCE TO STUDENT OR CAMP PARTICIPANTS AND THAT MY INSURANCE IS THE PRIMARY COVERAGE. I AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY COSTS INCURRED AS RESULT OF ANY EMERGENCY SERVICES AND/ OR TREATMENT. I GRANT PERMISSION FOR MY CHILD, NAMED ABOVE, TO RECEIVE PROPER MEDICAL TREATMENT IN THE EVENT THAT HE OR SHE MAY SUSTAIN INJURY OR ILLNESS DURING THE PERIOD OF THE ABOVE CONFERENCE.

Signature _____

Date _____

(OVER)

PHYSICIAN'S PERMISSION FORM FOR ALL PARTICIPANTS

In accordance with the policies and guidelines determined by California University Student Health Services, I have examined the general physical condition of _____ and find the said participant to be physically fit to participate in the camp/conference activities as indicated by the date of examination and by my signature. **(PHYSICAL EXAMINATION SHOULD HAVE TAKEN PLACE NO MORE THAN ONE (1) YEAR PRIOR TO PARTICIPANT'S ATTENDANCE AT CAMP/CONFERENCE.)**

PHYSICIANS SIGNATURE

____/____/____

DATE OF EXAMINATION

NO Participant shall be eligible to take part in any camp/conference drills or game competitions unless a licensed physician of medicine or osteopathic medicine, a certified school nurse practitioner, or physician's assistant has examined him/her.

Revised 6/08