MEDICAL CARE FORM 2010

Please circle week(s) June 27 – July 2 July 5 - 9 July 11 - 16 July 18 – 22

Name of Child _____
Last First Middle Initial

Address:_____

City: _____State:_____ Zip: _____ Date of Birth: _____

Parent(s) or Guardian: _____

Parent of Guardian Permission:

My son/daughter has permission to attend and participate in the Kent Hockey Schools at Kent State University. As a parent or guardian, I authorize the Camp Staff, in the event of injury or illness, to administer emergency care and to arrange for any emergency medical transportation to the nearest Health Care Facility deemed appropriate. I understand that every effort will be made to contact the parent or guardian prior to any involved treatment.

I grant permission to a qualified physician and other medical personnel to furnish medical care, using the above guidelines, while my son/daughter is attending the Kent Hockey Schools at Kent State University.

As a parent or guardian, I also agree that I or my insurance carrier will bear the financial responsibility for any medical treatments administered under the above guidelines.

_____
Name of Insurance Company Policy number Phone Number

_____
Address City State Zip

Name of Insured: _____

Check if your son/daughter has: ___Heart Trouble ___ Diabetes ___Epilepsy ____Other

Known Allergies: _____

Is your son/daughter taking medicine under a physicians directions? Yes No

If yes, list medication _____

Please give detailed information if you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any of the camp activities.

_____
_____
_____
_____
_____

Signature of Parent or Guardian Date:

Home Telephone:_____ Work Telephone:_____ Cell: _____

Additional Phone Numbers: _____

Emergency Contact if no answer at above numbers:

Name:_____ Telephone Number _____

Relationship: _____