

**REQUIRED MEDICAL HISTORY & CONSENT FOR TREATMENT
FOR CAMPS AT THE UNIVERSITY OF CENTRAL ARKANSAS**

Camp child will be attending _____ Dates _____

Campers Name _____ Age _____ DOB _____

Street Address _____ Campers age _____

City _____ State _____ Zip _____

Parent/Guardian _____ Address _____ State _____

Telephone _____ Cell Phone _____

EMERGENCY CONTACT – In case of Emergency, if parent cannot be reached, name of person to notify or to whom we can release camper to in your absence

NAME _____ TELEPHONE _____

CIRCLE ALL CONDITONS CAMPER CURRENTLY HAS OR HAD IN PAST

Constipation	Bed wetting	Sleepwalking	Ear problems	Asthma
Seizures	Diabetes	Bronchitis	Frequent colds	Sinusitis
Nausea	Vomiting	Eating disorder	Heart problems	Cancer
Kidney problems	Homesickness	Abdominal problems	Menstrual problems	Sore throat

Other medical conditions _____

ALLERGIES: Drug _____ Bee Stings _____ Latex _____

Describe physical conditions requiring restrictions on participation in camp program.

NAME OF CAMPER'S PHYSICIAN _____ TELEPHONE _____

INSURANCE COMPANY _____ MEMBER # _____

IMMUNIZATIONS: Last Tetanus injection _____

PARENT/ GUARDIAN SIGNATURE _____

PRINT PARENT/ GUARDIAN NAME _____ DATE _____

MEDICATION CONSENT FORM

If medication consent form is not fully completed, medications will not be administered to the camper.

CURRENT MEDICATIONS WITH DOSAGE SCHEDULE:

MEDICATIONS CAMPER TAKES AS NEEDED, i.e. Tylenol, Ibuprofen, Midol, Tums, Benadryl, Claritin, Cough medication, Skin creams

REQUIRED PARENT/GUARDIAN CONSENT

I understand that I am giving consent for my child to receive treatment for minor illnesses and injuries as directed by the Advanced Practice Nurses in the Health Clinic. This medical history/medication consent form is correct as far as I know and I understand that both forms must be filled out **COMPLETELY** in order for my child to receive treatment at a UCA camp. (over →)

I understand that in case of an emergency, every effort will be made to contact a parent or guardian prior to treatment. However, if the parent or guardian cannot be reached and the situation requires immediate emergency attention as determined by the camp staff or by the clinic staff, I hereby authorize representatives of the camp to obtain emergency treatment for my child as deemed necessary.

I AGREE TO THE RELEASE OF ANY RECORDS NECESSARY FOR TREATMENT OR REFERRAL OF THE MINOR CHILD.

MEDICATIONS, PRESCRIPTIONS:

Arkansas State Law *requires* parental authorization to administer any prescription medications brought by campers. Prescribed medication **MUST** be in its original container with the pharmacy label showing number, patient name, date filled, physician name, name of medication and directions for use.

I authorize _____, my child, to take his/her own medication or the camp health care supervisor to administer to my child any prescribed medications being brought to camp.

NON-PRESCRIPTION MEDICINES:

I authorize my child to take his/her own over-the-counter medications. Yes No

I authorize the health care designee to administer the non-prescription medications as deemed necessary for the camper's comfort, as listed above. Yes No

PARENT SIGNATURE _____

AGREEMENT FOR ASSUMPTION OF RISK & RELEASE INDIVIDUAL PARTICIPANT RELEASE

I, _____, the undersigned, being allowed to use the facilities of the University of Central Arkansas (hereinafter "University") for activities related to **ACC Choir Camp** (hereafter "the event"), on **July 12 – 17th, 2010**, do hereby release and forever discharge ACC Choir Camp and the University, and all of its officers, agents, employees, trustees, and/or successors in interest, from and against any and all claims of damages, demands, and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my participation. Specifically, I release ACC Choir Camp and the University, and all of its officers, agents, employees, trustees, and/or successors in interest from any claim against them, which relates to my participation in activities related to the event while on the campus of the University. I acknowledge for myself that I am the recipient of a privilege from ACC Choir Camp and the University. I understand that privilege is a tangible benefit to me. I also fully understand that my participation in activities related to the event at the University is voluntary and that I am not required to participate. I hereby attest and verify for myself that I have full knowledge of the risks involved in participation in the event at the University and assume those risks, and will assume and pay my own medical expenses and emergency expenses in the event of an accident, illness, or other incapacity. I attest that I am physically fit and sufficiently trained to participate in the event at the University. Should injury or illness occur while on campus, I give my permission to receive treatment, if necessary, from UCA Student Health Services and/or a local Conway health-care provider at my expense. I, for myself, accept full responsibility for any use of all facilities, including property of the University; and agree to make full restitution with regard to any compensation required as a result of my participation or use, misuse, damage, or negligence to such properties. It is my express intent that this Agreement for Assumption of Risk and Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns or personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO INSTITUTE LEGAL ACTION AGAINST THE ABOVE-NAMED RELEASEES. I HEREBY FURTHER AGREE THAT THIS RELEASE SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARKANSAS. I further hereby agree to indemnify and hold harmless the releases from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my participation in said activity, whether caused by negligence of releases or otherwise. In signing this Agreement for Assumption of Risk and Release, I acknowledge and represent that I have read the foregoing and freely and voluntarily agree to its terms. I further acknowledge that no oral representations, statements or inducements, apart from the foregoing written Agreement, have been made, and that I am at least eighteen (18) years of age and fully competent.

In witness whereof, I have caused this Agreement for Assumption of Risk and Release to be executed this _____ day of _____.

Name Date

***IF THE UNDERSIGNED IS A MINOR (UNDER 18 YEARS OF AGE), A PARENT OR LEGAL GUARDIAN MUST SIGN THE DOCUMENT BELOW.**

AGREEMENT FOR ASSUMPTION OF RISK & RELEASE OF PARENT OR LEGAL GUARDIAN FOR MINOR

I, _____, parent or legal guardian of _____ acknowledge and represent that I have read the foregoing Agreement for Assumption of Risk and Release, and that I understand and sign it on behalf of my minor son/daughter, voluntarily as my own free act and deed. I further acknowledge that no oral representations, statements or inducements, apart from the foregoing written Agreement, have been made. It is my express intent that this Agreement for Assumption of Risk and Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns or personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO INSTITUTE LEGAL ACTION AGAINST RELEASEES NAMED IN THE AGREEMENT FOR ASSUMPTION OF RISK AND RELEASE ATTACHED HERETO. I HEREBY FURTHER AGREE THAT THIS RELEASE SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARKANSAS.

In witness whereof, I have caused this Release of Parent or Legal Guardian for Minor to be executed this _____ day of _____.

Parent or Legal Guardian Date