



**TROY UNIVERSITY SUMMER CAMPS  
 APPLICANT INFORMATION & CONFIDENTIAL MEDICAL  
 INFORMATION**

Camp Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.**

**AS A CAMPER, PARENT OR GUARDIAN I UNDERSTAND THAT:** The information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. ***This information will be kept in strict confidence and will only be shared with your permission.*** The Troy University Summer Conference Services Office requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. ***Final determination about whether to participate is the responsibility of you and your physician.*** If you have any medical issue that is not requested below, but which you think is important, please include that information.

**PART 1. GENERAL INFORMATION**

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Parent/Legal Guardian Name Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please list two emergency contacts:**

Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

**PART 2. MEDICAL INFORMATION**

**It is recommended that you consult with a physician prior to participating in this TROY University Summer Camp. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Summer Camp. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.**

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Most recent tetanus toxoid immunization: \_\_\_\_\_

Do you have health/accident insurance? (circle one) Yes No If yes, please indicate policy number, name and address of company. Please also include a copy of the front and back of your insurance card:

Company Name/Address \_\_\_\_\_ Policy # \_\_\_\_\_

**For the following, circle appropriate response and explain as appropriate:**

Does camper have any limiting medical conditions that you or your doctor feel would limit camp participation?

Yes No

If yes, identify and explain:

Is camper currently taking medication that may interfere with ability to safely participate in Camp?

Yes No

If yes, please indicate the medication and the condition being treated:

Does camper have a history of allergies or reactions to medications, insect stings, or plants?

Yes No

If yes, please explain:

Does camper have a history of, or currently suffer from, medical condition(s) with which we need to be aware?

Yes No

If yes, please explain:

**PART 3: AUTHORIZATION FOR MEDICAL CARE**

Unless prior arrangements have been made, medical needs will be handled through the University Health Center and Troy Regional Medical Center. In cases where medical attention is necessary, parents will be contacted for approval when possible.

However, before medical treatment can be provided, we are required to have a medical release signed by the parent. The hospital will not perform services unless this form is presented at the time of treatment.

\_\_\_\_\_ (Camper’s Name) has my permission to receive medical attention in the event of illness or medical emergency while participating in this TROY University Summer Camp. I will assume the financial responsibility for any cost of health care for my child that may occur during this Camp.

**PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Camp. By signing my name I represent and warrant that I have provided all materials and important information to the TROY University Conference Services Office pertaining to my child’s medical, mental and physical condition and that it is accurate and compete. I agree to notify the Troy’s Conference Services Office of any changes in my mental, physical or medical condition prior to my Child’s scheduled Camp.**

**By revealing or disclosing the above medical information it will not be used by TROY University personnel or employees to determine my Child’s ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my Child.**

**SIGNATURE IS REQUIRED:**

Camper’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Camper’s Signature: \_\_\_\_\_

Parent/Legal Guardian’s Name: \_\_\_\_\_

Parent/Legal Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19***