



Instructions: This form will provide important information to medical personnel in the event of a medical emergency while attending one of our camps. Please complete ALL sections as accurately and as clearly as possible. WRITE "N/A", IF THE INFORMATION DOES NOT APPLY TO YOUR CHILD. Care will be taken to see that the following information will be held in confidence.

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Your Name \*

First Name

Last Name

Childs Name \*

First Name

Last Name

Email \*

example@example.com

Phone Number \*

Area Code

-

Phone Number

Birth Date of Child \*

Month

Day

Year

Address\*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

# Medical Information

Must consult with your family physician before completing.

Name of Family Practice\*

Address of Family Practice\*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Physicians Name\*

Physicians Phone Number\*

-

Area code

Phone Number

Child's Allergies (Food, Drug, Other) \*

Name of Medication\*

Dose of Medication\*

Method of Administration\*

Permission for your child to self-administer\*

- Yes
- No

# Consent

Your Name (Parent)\*

First Name

Last Name

## MEDICAL DISCLAIMER:

I request that my child be allowed to take the medication(s) described above during the summer camp and for it to be administered by a coach during any life-saving events. I shall indemnify and hold harmless the district and its employees or agents for any legal fees, costs, and any potential damages concerning the administration of this medication arising out of any claims brought by the above-named child or anyone else.

I also understand and agree to the following companies' policy:

"Our coaches are not trained to administer medication, however in the event of a medical emergency, under the Good Samaritan Law our staff will provide life-saving medication, this includes but is not limited to rescue inhalers for asthma, and EpiPens for allergic reactions. Medications for such instances should be presented to the coach at the start of every session, along with a completed medication form with emergency contact information, signed by the participant's medical practitioner. This form will provide written consent for our coach to administer the medical treatment in the event of an emergency.

If a participant requires any other medication to be administered (in all situations that are not deemed a medical emergency) while taking part in a USA Sport Group program the parent or guardian is required to return to the program to administer themselves.

If a participant has any medical conditions our coaches should be aware of, please ensure you complete the medical conditions section when registering and tell the coach at your first session. If you need any additional accommodation, please contact our head office to discuss them in more detail so we can ensure that all participants have the best possible sporting experience."

By clicking Yes, you agree to abide by the Terms of Service outlined above.

- Yes
- No

Signature