

Bulldog Baseball Camps

EMERGENCY MEDICAL INFORMATION

CAMPERS NAME: _____

CAMP NAME (ie. Session 1): _____

ADDRESS: _____
(Street) (City) (State/Zip Code)

AGE: _____ BIRTHDATE: ____/____/____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact

NAME: _____
(Relationship)

HOME PHONE:(____)_____ WORK:(____)_____ CELL:(____)_____

Secondary Emergency Contact

NAME: _____
(Relationship)

HOME PHONE:(____)_____ WORK:(____)_____ CELL:(____)_____

HEALTH INFORMATION STATEMENT

Check below any information you feel the staff may need to maximize the safety and the well being of the camper. To the right of the condition statement is a space for more information relating to the condition checked. **PLEASE BE SPECIFIC, especially regarding severity or special needs. This information is imperative in case of emergency, and will remain strictly confidential.**

[] Nervous or Mental (epilepsy, emotional stress, convulsions, attention disorders) _____

[] Lung Disease (asthma, persistent cough, tuberculosis) _____

[] Disease of Heart or Blood Vessels, Increased or Abdominal Pressure _____

[] Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) _____

[] Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis) _____

[] Arthritis, Diabetes, Kidney or Bladder Disease _____

[] Hay Fever or Allergies _____

[] Allergy to Medicines (including penicillin, tetanus) _____

[] Allergy to Foods _____

[] Impaired Sight or Hearing, Chronic Ear Infections _____

[] Recent Surgical Operations, Accidents or Injuries _____

Significant Orthopedic and/or Neuromuscular Impairment (ie:loss of limb, spinal cord injury)_____

Any Infectious Disease_____

Currently Taking Medications (list names and doses)_____

Medication that needs Refrigeration_____

Do you have corrected vision? Yes No Sometimes Contacts Glasses

Date of Last Tetanus Booster_____

Family Doctor's Name_____Clinic/Hospital_____

Phone:(____)_____Health Insurance_____

Provider_____Policy Holder_____

ADDRESS:_____

(Street) (City) (State/Zip Code)

Provider Phone_____

RECOGNITION & ASSUMPTION OF RISK AGREEMENT

I, the undersigned parent/legal guardian of _____, authorize said child's participation in the Bulldog Baseball Camps (BBC). It is my understanding that participation in the activities that make up BBC is not without some inherent risk of injury. As such, in consideration of my child's participation in the BBC camp, I hereby release, waive, discharge, and covenant not to sue the BBC and any and all Directors, Officers, Instructors and Employees of First Baptist Church from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained to my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

I agree to follow all instructions and procedures in order to maintain a maximum level of safety. I understand that a medical insurance policy carried by the BBC will provide only minimum coverage and that I should make sure my child is covered in the event of a serious accident.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for the cost.

I authorize the release of my child's medical information to pertinent BBC camp staff and emergency personnel in regards to providing appropriate medical care to my child.

(print name of parent/guardian)

(parent/guardian signature)

(camper signature)

(date)

*****Please bring these forms to registration on the first day of camp. We DO NOT receive medical forms via mail or the internet. The Medical Form and Assumption of Risk must be completed prior to the camper's participation in BBC. Forms are not retained from camp to camp unless it's within the summer camp period.**