

Appendix D

MEDICAL TREATMENT RELEASE FORM

It is the responsibility of the camper's parent or guardian to ensure that the camper is healthy and has no physical problems that would prevent his participation in all camp activities. Responsibility for primary medical insurance coverage rests with the camper. THIS FORM MUST BE COMPLETED BEFORE REGISTRATION IS COMPLETE!

Camper's Name: _____ Date: _____

List any allergies to medicines:

List any conditions that physicians should know about:

Insurance Company: _____

Policy Number: _____

Group Number: _____

In the event I cannot be reached, I authorize any medical treatment that might be advised by physicians or trainers available to the West Virginia University Camp while my child is present at the camp.

Parent or Guardian:

(Sign Name) (Print Name) (Date)

Emergency Phone Numbers (Day): _____ (Night): _____