

CARDINAL FIELD HOCKEY CAMP
Medical Information
Waiver and Release Form

Camper: _____ Home Phone: _____

Parent(s)/Guardian: _____

Phone number to call in an emergency: _____

My insurance company is: _____

Membership # _____

My daughter is authorized to take the following medication as prescribed by an authorized physician. All medication must be carried in the prescription bottle or container as obtained from the pharmacy which properly identifies the contents. Please list any medication:

My daughter does not take any medication at this time _____ (check if applicable)

My daughter is allergic to the following:

Please list any other pertinent data you feel I should know about the physical condition of your child:

Physician's name: _____ Phone: _____

The medical information above is correct so far as I know and the person herein described has my permission to engage in all prescribed camp activities except as noted by myself. In the event I cannot be reached in an EMERGENCY I hereby give permission to the Athletic Trainer or Camp Director to hospitalize and/or secure proper treatment for my child as named above.

Parent's Signature _____ Date _____