

BUTLER BOYS SOCCER CAMPS MEDICAL RELEASE/INSURANCE FORM

Please bring form to first day of camp

Camper's Name: _____

AUTHORIZATION:

I consider the above named camper to be in good health, and permission is granted to participate in all camp activities, unless otherwise indicated on this record. In case of illness and or injury, permission is granted for medical treatment to be rendered to my child by a Butler University qualified medical staff member.

WAIVER AND RELEASE:

I do hereby waive, release and discharge Butler University Boys Soccer Camps and respective staff and employees from any and all rights and claims for damages resulting from injuries to my child's person or property which may be sustained or suffered by in connection with his/her association with or participation in, or arising out of my traveling to or from Butler University Boys Soccer Camps. We, the parents or guardians, agree to the above waiver and release:

Parent or guardian's Signature Date

Insurance Company's Names Policy Holder's Name

Policy Number

List any allergies to medications: _____

List any pertinent medical info (diabetic, surgery, allergy...)

Date of last tetanus shot: _____ Family Doctor: _____

Doctor's Phone #: _____

Emergency Contact: _____ Phone #: _____

Parent's Home #: _____ Work #: _____

