

OHS Girls XC
Coach Summer Camp Retreat

MEDICAL RELEASE & INSURANCE

*All campers must have their own medical insurance coverage.
Athletes will not be allowed to participate in camp without having a parent or legal guardian completing this form.*

Personal Information:

Camper's Last Name		Camper's First Name	
Are there any known allergies?	Yes No	If yes, please specify	
Are there any current injuries?	Yes No	If yes, please specify	
If the athlete currently requires any special taping, please explain			
Is the Athlete currently taking any medications?	Yes No	If yes, please list names & dosage	

Insurance & Physician Information:

Insurance Company Name	Policy Number
Camper's Primary Care Physician	Physician's Phone Number

Emergency Contact Information:

Name	Phone Number	Relation to Camper
Name	Phone Number	Relation to Camper

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give my permission for my child to be treated by a licensed physician or member of the camp staff for an injury, accident, illness, or other medical emergency. I further agree to pay through my insurance company or otherwise for all costs associated with treatment.

Parent/Guardian Signature

Date