

Minor Participant Information & Waiver Form

The information collected in this form is confidential and will only be shared in a medical emergency. It is collected to ensure the safety of your camper. Thank you for taking the time to fill out the form in its entirety.

Camper Information

Camper's Full Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: _____ Cell Number: _____
Date of Birth: _____ Gender: _____

Emergency Contact Information

1st Emergency
Contact Name: _____
Relation to Camper: _____ Home Phone Number: _____
Cell Phone Number: _____ Work Phone Number: _____
Place of Employment: _____
2nd Emergency
Contact Name: _____
Relation to Camper: _____ Home Phone Number: _____
Cell Phone Number: _____ Work Phone Number: _____
Place of Employment: _____

Insurance Information

Health Insurance Company Name: _____
Policy or Member ID Number: _____ Group Number: _____
In whose name is the insurance listed: _____

Medical Information

Is your child under medical treatment: YES _____ NO _____
List condition(s): _____
Please list any medications your child currently takes.
Prescription: _____
Over the counter: _____
Can your child self-medicate? _____
Please check pain reliever that may be given: Tylenol: _____ Ibuprofen: _____ Other: _____
Does your child have any allergies? YES _____ NO _____
List allergies & treatment for each: _____
Does your child have asthma? YES _____ NO _____
List medications & asthma "triggers": _____
Date of most recent tetanus shot: _____

Name of Family Doctor: _____

Phone number of Family Doctor: _____

Check any physical conditions and explain treatment:

_____ Vision: Wears Glasses? _____ Contacts? _____ Other: _____

Eye Doctor Name & Phone Number: _____

_____ Heart or Lungs: _____

_____ Epilepsy/Seizure Disorder: _____

_____ Attention Deficit Disorder/Hyperactivity: _____

Please list any pre-existing conditions or medical concern(s) that would limit participation at camp.

Medication Permission

_____ has brought/will bring the following medications with him/her to camp.
(name of camper)

He/she has my permission to use them. He/she may not share them with any other camper.

Medications: _____

Parent/Guardian Signature: _____ Date: _____

I, _____, am aware that I may NOT share any medications with other campers.
(name of camper)

Camper Signature: _____ Date _____

Medical Treatment Authorization

In the event that medical treatment for my child is required, I authorize a representative of Gettysburg College to take my child to Gettysburg Hospital, 147 Gettys St., Gettysburg, PA 17325. I also understand that my insurance is primary if medical treatment is rendered.

Parent/Guardian Signature: _____ Date: _____
(actual signature is required)

Waiver/Release Information

In consideration for the permission granted by Gettysburg College and _____ [insert name of camp/organization] for Camper to participate in this Camp, on my behalf and on behalf of the Camper, and each of my and the Camper's heirs, executors, and administrators, I hereby **waive and release** any and all causes of action, claims, suits, damages, and judgments, in any form whatsoever, arising from or by reason of any and all known or unknown, foreseen or unforeseen bodily or personal injuries (including death) or property damage, resulting from the Camper's participation in the Camp and related activities, against Gettysburg College and _____ [insert name of camp/organization], and their employees, administrators, trustees, volunteers, and agents.

IN WITNESS WHEREOF, and intending to be legally bound, I have executed this document below.

Signature of Parent/Legal Guardian: _____

Date: _____

This form must be completed, printed, and mailed, emailed (scanned as a PDF file), or faxed to the Camp Directors.