

MEDICAL AUTHORIZATION

Medical authorization: In an emergency, I hereby give permission for my child to be examined by the camp athletic trainer. I also give permission to the license physicians selected by the camp operator, to hospitalize, secure proper treatment, anesthesia, or surgery for my child in an emergency. I also give permission to advise the hospital of our insurance at the time of any treatment.

Health Insurance Co. _____

Phone Number for insurance company: _____

Contract ID #: _____ **Group #:** _____

Please be aware that my child has the following allergies (or health conditions):

_____.

Disclaimer of liability: Adrian College and its staff do not assume liability for any injuries incurred while at camp or on the way to or from camp. Parents should contact their own insurance carrier to get additional insurance for the camper if necessary. As a condition of enrollment, the following disclaimer of liability must be signed and dated by the camper's parents. The camper, in attending any Adrian College Camp and in using any of our facilities, does so at his/her own risk. Adrian College and its staff, shall not be liable for any damages arising from personal injuries sustained by the camper during the clinic or at the facilities. The camper and his/her parents assume full responsibility for any damages or injuries which may occur to the camper during clinic session and so hereby fully and forever exonerate and discharge Adrian College, its staff, its Board of Trustees, employees and agents, from any and all claims, demands, rights of actions or causes of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the camper's participation in the clinic session and in the use of the facilities.

Medical information: as a condition of participation in Adrian College Camps each participant must have had a physical checkup by a certified physician with the last calendar year.

My child has had a physical within the last year and has been declared healthy and able to participate in clinic activities. By signing below we agree to the above Medical authorization, disclaimer of liability, and medical information statements.

Signature of parent or guardian _____ **Date** _____

** Please attach a photocopy of your insurance card (front and back) along with this completed form.*