

Camp Health Form

(to be completed by Parent or Guardian)

Camper's Name _____ Age _____

HEALTH HISTORY: (Check any condition a staff member should know about)

Heart Condition	_____	Bed Wetting	_____	Rheumatic Fever	_____
Diabetic	_____	Eye Infection	_____	Sleep Walking	_____
Allergic to Bee Stings	_____	Convulsions	_____	Homesickness	_____
Allergic to any drugs	_____	Poison Ivy	_____	Contact Lenses	_____
Headaches	_____	Ear Infection	_____	Other	_____

Explain any items marked above: _____

List and explain any allergies, including food allergies: _____

Is the camper taking any medication? _____ No _____ Yes

If yes, name of Medication: _____

(send only what will be needed at camp)

Directions for use of Medication (Please write on a 3x5 card and put in zip lock bag with medications)

Are there any physical restrictions? Yes _____ No _____ Explain: _____

- I hereby give permission for the Youth Learning Institute to administer over-the-counter medications if the camp medical officer or first aid coordinator deems it necessary. Dosages will be administered according to directions on the package unless a physician directs otherwise.
- Do Not Administer The Following: _____
- **Parent/Guardian Signature** _____

IMPORTANT: Please notify the camp if this camper is exposed to any communicable diseases during the three (3) weeks prior to camp.

Immunization HISTORY

D.P.T. Series _____ Booster (Date) _____

Polio _____ Booster (Date) _____

Measles _____ Booster (Date) _____

Other _____ Booster (Date) _____

Date of Last Tetanus Immunization _____

Copy of Immunization History may be used and stapled with this form.

In CASE OF EMERGENCY, NOTIFY:

Name _____ Address _____

Relation _____

Phone _____

Family Physician _____ Phone _____

Practicing Hospital _____

Phone (Hospital) _____

This statement must be completed in order to attend camp.

Medical Statement

(To be filled out by "Licensed Medical Personnel"*)

**INTERPRETATION: "Licensed Medical Personnel" includes those licensed physicians, certified or certification-eligible nurse practitioners, or other medical personnel who are certified by the state to conduct health examinations.*

Dear Licensed Medical Personnel:

The State of South Carolina and the American Camping Association requires that a child attending a resident camp be examined by licensed medical personnel within 24 months prior to the date of camp activity (such activities may include horseback riding, swimming, other water activities, challenge courses, and other outdoor activities). Your support in helping this child is very much appreciated. Clemson University, Youth Learning Institute

I examined _____ on _____
and it is my opinion that he/she is physically able to engage in camp activities, except as follows: _____

and with these precautions: _____

Examiner _____ Office Phone _____
Address _____ Hospital Phone _____

Signature _____

Date _____

Insurance Coverage Information

- Camp Insurance coverage is in effect while camper is in camp and while in route to and from camp.
- Insurance provides up to the following maximums:
 - \$ 3,000 Medical and surgical treatment
 - \$ 500 Dental expense (natural teeth only)
 - \$ 1,000 Medical and Hospital expense for illness (if occurring on or during insured days)
 - \$ 3,500 Medical expenses for specified disease
 - \$ 3,000 For losses within 100 days of accident which result in loss of life
 - \$ 7,500 Loss of both hands or both feet
 - \$ 2,500 Loss of one hand, one eye, or one foot

This policy does not cover the following: eyeglass replacement, suicide, aviation accidents, preexisting conditions, participation in snow sports, tubing, tobogganing, and bobsledding. If camper returns home sick or injured without seeing a doctor while at camp, camper must see a doctor within 24 hours for insurance to pay.

Medical costs that exceed the policy amounts will be the responsibility of the parent/guardian.

PERMISSION TO ADMINISTER MEDICATION
CJ Spiller Football and Life Skills Camp

_____ has my permission to receive
(child's name)

(drug name)	(dose)	(time of day/frequency)
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Potential side effects (if any): _____

Prescribing physician (name, address and phone #) _____

Parent Name _____

Signature _____ Date _____

Clemson University
Acknowledgment of Responsibility Form for Minor
Summer Programs

I, _____ (print full name of parent or legal guardian) understand that the participation of my child, _____ (print full name of minor) in a Clemson University (hereafter "The University") summer program to be housed on the Clemson University campus from _____ (date) to _____ (date) requires my agreement to certain conditions. In consideration of my child's participation in such a program, I hereby understand, acknowledge and agree to the following terms and conditions:

(1) I am the legal parent or guardian of the minor participant named above.

(2) I understand that the University disclaims any legal or financial obligation for any participant's personal property that may be lost or damaged in its buildings or on its grounds. Summer Programs participants are encouraged to carry appropriate insurance to cover such losses.

(3) I am responsible for the condition the minor participant named above assigned residence space and shall reimburse the University for all damage to the space and damage to or loss of fixtures, furnishings, or properties furnished under the contract. No alterations may be made to the area or furnishings from your space.

(4) I agree that my child will take every precaution to assure that communal areas including, but not limited to, baths, stairwells, elevators, lounges, kitchens) is not abused. I agree that I am responsible for reimbursing the University for any damage caused by my child to communal property. In halls or areas where the University has determined that there is abuse or destruction of University property and the responsible individual(s) cannot be identified, all summer programs participants assigned to the building in which the common space is located may be held responsible for paying a prorated portion of repair and/or replacement costs.

5) I understand that I am responsible for my child's key. Keys are issued at check-- in. Keys must be returned when occupancy is terminated. If a key is lost or not returned when occupancy is terminated, the lock will be re-- cored and new keys will be made. The cost for these services is \$50 per key/key fob lost and will be charged to the participant. All keys are property of the University and bear the statement "State of S.C., Do Not Duplicate." Those violating this provision, or who possess keys other than the one assigned to them are subject to eviction from University housing.

(6) I agree that my child will abide by the University Housing Summer Programs residency rules and local, state and federal laws. I understand that my child will be immediately removed for possession or use of illegal substances, illegal possession or use of alcoholic beverages, destruction of property or disruptive behavior. Smoking is prohibited in all University housing facilities. I understand that the University may remove a summer programs participant for non-- compliance with University Housing Summer Programs residency rules or local, state and/or federal law.

(7) I agree to indemnify and hold Clemson University harmless for any loss, liability, damage or costs, including court costs and attorney fees, that may occur as a result of the minor participant's negligent or intentional act or omission during the time he/she participates in a summer program on the Clemson University campus.

REQUIRED SIGNATURE

Participant Name _____

Parent or Legal Guardian Signature _____ Date: _____
