

**UNIVERSITY OF PITTSBURGH
UNIVERSITY HEALTH CENTER**

Consent for Medical Treatment For Minor Aged Visitors

(Please have parents complete form for their child. Please send form to camp office prior to arrival.)

In order to provide your son/daughter medical care in the event of illness or injury, you are requested to complete this form.

Student's Name _____

Address _____
Street City State Zip

Social Security # _____ **Date of Birth** _____

Name of Conference Attending _____

Father's Name _____

Telephone Number Home: () _____ Work: () _____

Mother's Name _____

Telephone Number Home: () _____ Work: () _____

Other Contact _____

Family Physician _____ Phone: () _____

Insurance Information

Carrier _____ Plan# _____ Policy# _____ Effective Date _____

Medical History:

1. Date of last tetanus booster _____
2. Does your child have any allergies to medications, foods, or insect stings? No Yes
If yes, please list: _____
3. Is your child under the care of a health care provider for a medical problem? No Yes
If yes, please explain: _____
4. Is your child taking medication prescribed by a health care provider? No Yes
If yes, please explain _____
5. Other information we should be aware of: _____

Parental Permission

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter by the University Health Center or any other medical facility. I understand that any health care facility will make every reasonable attempt to contact me first, time and conditions permitting. *I agree to be responsible for all charges incurred.*

Signed _____ Relationship _____ Date _____

RELEASE AND MEDICAL AUTHORIZATION
UNIVERSITY OF PITTSBURGH SPORTS CAMPS, P.O. BOX 7436, PITTSBURGH, PA 15213-0436

Camper's Name _____ Name of Camp _____ Camp Date(s) _____

Guardian's Name _____ Mobile Phone _____ Home Phone _____

Please use the following space to explain any special instructions/circumstances the camp medical staff should be aware of regarding the health of your daughter/son:

RELEASE OF LIABILITY

In consideration of the University of Pittsburgh at granting the above named camper permission to participate in the sports camps, I hereby assume all risks of her/his personal injury (including death) that may result from any sports camps activity (including residence hall activities). As parent/guardian, I do indemnify, defend and hold harmless, the University of Pittsburgh, Board of Regents, State of Pittsburgh, and the sports camps and its officers, employees, agents, instructors, and all participants in the sports camp program from and against all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from any negligence and/or the camper taking part in sports camp activities.

PHYSICAL EXAMINATION WITHIN ONE YEAR

I certify that within the past year my daughter/son has had a physical examination by a physician, and that she/he is physically able to participate in the sports camp activities.

CONSENT FOR TREATMENT AND/OR FIRST AID

In the event of injury or illness, I hereby give my consent for medical treatment and permission to a certified athletic trainer to supervise on-site first aid for minor injuries, and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable treatment and necessary procedures) for the camper. **Every attempt will be made to contact you, the parent/guardian, prior to any medical attention beyond minor first aid, is given.**

SPORTS CAMP MEDICAL INSURANCE

I am aware that the camp carries medical insurance for injuries/illnesses to the camper acquired as a result of activities at the camp. However, I understand this is a secondary insurance, which may only be utilized after claims have been submitted with my primary insurance, which covers my daughter/son, and I understand that the camp insurance has a claim limit and that any bills in excess of this limit will be my responsibility.

RELEASE OF MEDICAL INFORMATION

I authorize the release of medical information to the University of Pittsburgh Sports Camps for billing purposes.

Parent/Guardian Signature _____ **Date** _____
(Camper if 18 years old or older)

PLEASE RETURN THIS FORM PRIOR TO CAMP. REGISTRATION WILL NOT BE FINAL AND YOUR DAUGHTER/SON WILL NOT BE ALLOWED TO PARTICIPATE IN CAMP ACTIVITIES UNTIL THIS FORM IS COMPLETE AND ON FILE WITH THE CAMP MEDICAL STAFF.