

**PRE-ACTIVITY CLEARANCE EXAMINATION:
PHYSICIAN AUTHORIZATION**

I hereby certify that I have examined _____ (*name of camper*) and have found him/her fit to attend and participate in the 2015 UH _____ Athletic Camp. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments:

Date of Last Tetanus Booster: _____

Date of Physical Examination (**must have been completed within the last 12 months**):

Physician's Signature:

Address:

City, State, Zip:

Phone:

CONSENT FOR TREATMENT OF A MINOR

(Please Print or Type)

Name of Camper:

Date of Birth:

Address:

City:

State:

Zip:

Parent/Guardian:

Phone Number(s):

Home:

Work:

Mobile:

I, the undersigned, as the parent or legal guardian of _____ (*name of camper*) (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of, and/or administration of medication to such minor as may be considered necessary or appropriate under the circumstances for the treatment of any condition, illness or injury of the minor. The attending physician, appropriate staff, and The University of Houston and its officers, regents, employees, and/or volunteers shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment, or administration of any medication, and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery, or administration of medication provided that these services are performed with ordinary care and to the best of their ability.

Signature of Parent/Legal Guardian

Date

PERTINENT MEDICAL/INSURANCE INFORMATION

(to be completed by parents/guardians)

Name of Camper: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Parent/Guardian: _____

Phone Number(s): _____

Home: _____

Work: _____

Mobile: _____

Name of Other emergency contact: _____

Relation to Camper: _____

Phone Number(s): _____

Home: _____

Work: _____

Mobile: _____

Name of Camper's Physician: _____

Phone Number: _____

Insurance:

Company: _____

Policy #: _____

Name of Insured: _____

Medical/Behavioral Conditions:

Allergies: _____

Current Medications: _____

Other Conditions, Restrictions, Special Diets, or Concerns: _____

I confirm that the above information is true to the best of my knowledge, and that I am not aware of any additional restrictions, special diets, medications, or conditions, required in order for my child to participate in the University of Houston sports camp activities other than as I have noted above.

Signature of Parent/Legal Guardian

Date