

# Medical Questionnaire

Name of Participant \_\_\_\_\_

Does the participant have:

**Yes No**

Food allergies: \_\_\_\_\_

Allergic reactions to medications (type): \_\_\_\_\_

Diabetes

Allergic reactions to insect bites/stings (If yes, please see the Athletic Trainer at registration.)

EPI Pen – Required? **Yes No**

Will the participant bring medication or medical devices to camp? **Yes No**

If yes, describe: \_\_\_\_\_  
(If yes, please see the Athletic Trainer at registration.)

Does the participant have any physical condition(s) requiring special considerations or limitations? Explain.

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## Athletic Consent

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in recreational activities and athletic activities. These risks and dangers may be caused by the action, inaction or negligence of the participant or others. There may be other risks not known or reasonably foreseeable at this time.

I, the undersigned accept and assume such risks and responsibility for the losses and/or damages following such injury, however caused, and whether caused in whole or in part by the negligence of the Participant named above.

I have thoroughly read the information brochure and understand the intensity of the given activity. If the above Participant has a temporary restriction (sickness, sprain or soreness) I will inform the appropriate instructor on a daily basis in writing.

Having read the above statement I am aware of the inherent risk of injury involved in athletic participation. Finally, I understand that in accepting the risks associated with athletic participation I will also share the responsibility of minimizing those risks.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_