



ROBERTS WESLEYAN UNIVERSITY

Medical Release/Liability Form

**Return 2 weeks prior first week of camp (or sooner) to:*

Roberts Wesleyan University
Voller Athletic Center
2301 Westside Drive
Rochester, NY 14624-1997

Name _____ Birth Date _____ Gender _____ Age _____
Last First

Address _____
Street and number City State Zip code

Home Phone _____ Cell Phone _____ E-Mail _____

Mothers Name _____ Place of ^{Employment} _____ Phone _____

Fathers Name _____ Place of ^{Employment} _____ Phone _____

If not available in an emergency, notify:

Name _____ Relationship _____ Phone _____

PHYSICIAN'S Name _____ Phone _____

Operations or Serious Injuries (Date) _____ Chronic

or Recurring Illness _____ Other Diseases or

Details of above _____ Will your child take

medicine during the camp week? Yes ___ No ___ If your child requires any medication (prescription and

non-prescription) during camp hours you must come to camp
and dispense the medication to your child.

*Note: If the child is able to do so he/she may self-administer medicine--under supervision, in the
Director's office.*

IMMUNIZATION HISTORY (Dates)

Diphtheria _____ Haemophilus Influenza Type b _____ Tetanus Booster _____

Poliomyelitis _____ Varicella (chickenpox) _____ Measles Vaccine _____

Rubella (MMR) _____ Mumps _____ Hepatitis b _____ *(verification by

M.D. if has had a disease)

SPECIAL NEEDS, RECOMMENDATIONS AND RESTRICTIONS WHILE IN CAMP:

Special Diet _____
Medication _____ Dosage _____
Swimming, Diving _____
Strenuous Activity _____
Other Activity _____
Date of last exam _____
Only people allowed picking up child _____

Anybody including you as parents or guardians might be required to provide a picture ID to pick up a child as deemed necessary by the Camp Director.

Medical Release In an emergency, I hereby give permission for my son/daughter _____ to be examined by camp medical personnel. I also give permission to the licensed physician selected by the camp operator, to hospitalize, secure proper treatment, anesthesia, or surgery for my child in an emergency. I also give the camp director under the auspices of Roberts Wesleyan University permission to advise the hospital of our insurance information at the time of any treatment. Insurance company _____ Policy Number _____ Name of primary policyholder _____

Signature _____ Date _____