



CALIFORNIA UNIVERSITY OF PENNSYLVANIA
STUDENT HEALTH SERVICES DEPARTMENT

PARENTAL PERMISSION FORM FOR PERSONS UNDER THE AGE OF 18 ATTENDING CAMP OR CONFERENCE.

CAMP/CONFERENCE: DATE(S) ATTENDING:

NAME: (LAST) (FIRST) (MI) AGE:

HOME ADDRESS: (STREET) (CITY) (STATE) (ZIP)

HOME PHONE: Cell/ Business Phone:

IN CASE OF ACCIDENT OR MEDICAL EMERGENCY CONTACT:

NAME: ADDRESS:

(CITY) (STATE) (ZIP)

RELATIONSHIP: PHONE:()

HEALTH HISTORY (Please check yes or no)

BLEEDING/CLOTTING DISORDER yes no LUNG/ASTHMA yes no
DIABETES yes no PHYSICAL LIMITATIONS yes no
HEARING/VISION IMPAIRMENT yes no SEIZURE DISORDER yes no
HEART DISEASE yes no STROKE yes no
HYPERTENSION yes no SURGERY yes no
KIDNEY DISEASE yes no OTHER

COMMENTS:

DATE OF LAST TETANUS INJECTION:

LIST ALLERGIES:

LIST MEDICATION YOU ARE TAKING:

INSURANCE INFORMATION:

NAME OF CARRIER POLICY NUMBER

I, THE PARENT OR GUARDIAN UNDERSTAND THAT CALIFORNIA UNIVERSITY OF PENNSYLVANIA DOES NOT PROVIDE HEALTH AND ACCIDENT INSURANCE TO STUDENT OR CAMP PARTICIPANTS AND THAT MY INSURANCE IS THE PRIMARY COVERAGE. I AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY COSTS INCURRED AS RESULT OF ANY EMERGENCY SERVICES AND/ OR TREATMENT. I GRANT PERMISSION FOR MY CHILD, NAMED ABOVE, TO RECEIVE PROPER MEDICAL TREATMENT IN THE EVENT THAT HE OR SHE MAY SUSTAIN INJURY OR ILLNESS DURING THE PERIOD OF THE ABOVE CONFERENCE.

Signature Date

(OVER)

PHYSICIAN'S PERMISSION FORM FOR ALL PARTICIPANTS

In accordance with the policies and guidelines determined by California University Student Health Services, I have examined the general physical condition of _____ and find the said participant to be physically fit to participate in the camp/conference activities as indicated by the date of examination and by my signature. **(PHYSICAL EXAMINATION SHOULD HAVE TAKEN PLACE NO MORE THAN ONE (1) YEAR PRIOR TO PARTICIPANT'S ATTENDANCE AT CAMP/CONFERENCE.)**

PHYSICIANS SIGNATURE

____/____/____

DATE OF EXAMINATION

NO Participant shall be eligible to take part in any camp/conference drills or game competitions unless a licensed physician of medicine or osteopathic medicine, a certified school nurse practitioner, or physician's assistant has examined him/her.

Revised 6/08