

Field Hockey Camps at Brown University

Preparticipation Form

Participant's Name: _____

Age: _____ Gender: _____

Address: _____

Phone Number: _____

Emergency Contact Name and Relationship: _____

Emergency Contact Phone Number: _____

Physician's Name: _____

Physician's Phone Number: _____

Medical History:

Please answer the following questions accurately and completely.

1. Have you ever had any of the following medical conditions?
 - Asthma
 - Diabetes
 - Epilepsy or seizures
 - Heart disease or heart murmur
 - High blood pressure
 - Kidney disease
 - Liver disease
 - Sickle cell anemia
 - Other medical conditions (please specify)
2. Have you ever been hospitalized or had surgery? If so, please explain.
3. Are you currently taking any medications? If so, please list them.
4. Do you have any allergies to medications or other substances? If so, please list them.
5. Do you have any dietary restrictions or food allergies? If so, please list them.
6. Do you wear glasses, contact lenses, or hearing aids? If so, please specify.
7. Do you have any current or previous injuries? If so, please explain.
8. Are you physically able to participate in sports activities? If not, please explain.
9. Have you ever had a concussion or other head injury? If so, please explain.
10. Do you have any other medical conditions or concerns that we should be aware of? If so, please explain.
- 11.

Initial _____ (Participant) _____ (Parent/Guardian under 18)

EMERGENCY CONTACT INFORMATION

In the event of an emergency, we will call the participant's parent/guardian first as listed in the Clinic Participant Contact Information. If we cannot reach the parent/guardian, we will call the emergency contact as designated in the Clinic Participant Contact Information. (Please be sure to inform camp leadership of any changes during the program.)

AUTHORIZATION FOR TREATMENT FOR CAMPERS UNDER 18 YEARS OF AGE

During the clinic, it may become necessary for a camper to receive medical services, and parental permission must be obtained in advance for all participants under the age of 18. The parent/guardian will be notified as early as possible of an illness or injury, informed of the situation, and consulted about important medical decisions. However, a serious accident, injury, or emergency may require immediate action and/or treatment without prior notification to the parent or guardian.

Parent/Guardian Authorization

I acknowledge that I have an obligation to provide the requested medical information to Field Hockey Camps at Brown University prior to my child's participation in the clinic and to disclose any injuries or illnesses that my child may suffer or may have suffered subsequent to signing this form. I agree to assume all risks and hazards resulting from any undisclosed injuries or illnesses. Further, I authorize Field Hockey Camps at Brown University at any time and from time to time during the program, to take such action deemed necessary or desirable for my child's welfare if my child is transported to a healthcare facility for treatment (i) when the nature and severity of the illness or injury requires treatment beyond the capabilities of Field Hockey Camps at Brown University or its designee, in its sole judgment ; and/or (ii) in the event of an accident or emergency requiring immediate medical attention and/or treatment.

I agree to assign the benefits of personal coverage of medical insurance for my child to the appropriate providers of my child's medical care. In the event that appropriate medical coverage under my medical insurance plan is unavailable, insufficient, or denied with respect to treatment or services provided to my child, I hereby agree to assume all financial liability and responsibility of all expenses and costs associated with such treatment or services.

In consideration of Field Hockey Camps at Brown University allowing my child to participate in the program and agreeing to intervene on my behalf to provide or make arrangements to provide medical assistance to my child as needed, I agree to release and indemnify Brown University, including the Corporation, its Trustees, faculty, employees, staff, designees, and other agents from all liability and responsibility for any claims, demands, actions, or other proceedings for any personal injury, accident, damages, expenses, or other loss caused, suffered, or incurred by my child or any other person or entity arising out of my child's participation in the clinic.

MEDICAL CARE AUTHORIZATION FOR ALL CLINIC PARTICIPANTS

For participants 18 years of age or older:

I, the clinic participant named above, authorize Field Hockey Camps at Brown University and/or its designee to provide medical care and treatment adjudged to be necessary for me.

For participants under 18 years of age:

I, _____ the parent/guardian of the clinic participant named above, authorize Field Hockey Camps at Brown University and/or its designee to provide medical care and treatment adjudged to be necessary for my son/daughter/ward named above.

***If the participant is under 18 years of age, parental signature is required.**

Parent/Guardian signature: Date: _____

Clinic Participant signature: Date: _____