

RYAN ODOM BASKETBALL CAMPS

MEDICAL INFORMATION FORM

NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM COMPLETED

Date: _____

Camper's name: _____

Camper's Date of Birth: _____

Camper's address: _____

Guardian's name: _____

Telephone: (h) _____ (w) _____

Email Address: _____

If unable to contact above parent/guardian, please notify:

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Is camper enrolled in a Maryland public or private school? ____ Yes ____ No

If yes, what school system: _____

Is your child exempt from immunizations because of religious or medical reasons?

____ Yes ____ No

The examination of _____ was within normal limits with the following exceptions:

Immunizations have been completed: ____ Yes ____ No

Date of most recent tetanus booster: _____

Allergies: _____

Medications/Name/Dose/When taken: _____

Other Medical Concerns: _____

Limitations to Activity: _____

Health Insurance Company: _____

If you are an out of state camper, please attach complete immunization record.

Primary Health Care Provider Information

Printed Name: _____

Signature: _____

Address: _____

Telephone: _____

**RYAN ODOM BASKETBALL CAMPS
PARENTAL CONSENT FORM**

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COMPLETED*

Dear Parents of Children in the RYAN ODOM BASKETBALL CAMPS Program:

The following is a parental consent permit from the Athletic Department at UMBC. This consent form is to be filled out by the parent/guardian to be used if any medical attention is needed for your child during his/her participation in the RYAN ODOM BASKETBALL CAMPS.

We would appreciate your signing after careful reading.

Parental Consent for Medical Treatment

The law requires that parental permission be obtained for medical procedures on minors. The following consent form should be signed by parents/guardians so that such procedures may be carried out without delays. However, no major medical procedures will be performed, except in extreme emergency, without parents or guardians being contacted and fully informed.

I give permission for such diagnostic/therapeutic procedures as may be deemed necessary for my child, and to present information concerning his/her medical condition to other responsible UMBC Officials or **RYAN ODOM BASKETBALL CAMPS'** staff or employees when requested.

Child's Name: _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____

Relationship to camper: _____

Is your camper covered by health insurance for doctors and hospital bills? Y ___ N ___

If "yes" what company? _____

Policy # _____

Policy Holder Name _____

Please name all persons allowed to pick up your child:

**RYAN ODOM BASKETBALL CAMPS
CONSENT FOR ADMINISTRATION OF APPROVED MEDICATIONS**

University Health Services

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COMPLETED*

Camper's Name: _____

Date of Birth: _____

Medication Allergies/Sensitivities: _____

List any medication(s) your child receives on a regular basis:

Printed Name of:

Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____ Home Telephone _____

Work/Emergency Phone _____