

RUTGERS FOOTBALL

1- Day Camp

Physical Information & Medical Release Form

**1- DAY CAMP PARTICIPATION IS PROHIBITED
unless this form is completed & signed by the camper's PARENT / GUARDIAN**

: _____ Date of Birth: _____ Camp Attending: _____

*HEALTH INSURANCE CARRIER: _____ POLICY #: _____

*All medical costs not covered by personal insurance are the responsibility of the participant / parent.

Name: _____

Has camper ever been withheld by a doctor from participating in sports activities? _____ When? _____

If yes, explain condition: _____

Medications camper is taking: _____

Allergies: *Food / Drug / Other: _____

*Campers with serious dietary restrictions are advised to bring their own lunches.

Other medical or physical conditions we should be aware of: _____

Immunizations against Diphtheria, Tetanus, Poliomyelitis, Measles, Pertussis, Mumps and Rubella are required.
Chapter 375 P.O. 1973 New Jersey Youth Camp Safety Act Standards 8:25-3.3: All campers shall be immunized or shall provide a statement from a physician that immunization is in progress.

The Official Immunization record must be available upon request.

I certify that my son/daughter has had a medical examination within **12 months from the start of this year's camp** and has been found in satisfactory health and free of disease. There are no apparent contraindications to participating in football camp activities.

I hereby authorize the clinical staff of University Health Services, Rutgers Sports Medicine, and UMDNJ/Robert Wood Johnson University Hospital to provide emergency medical treatment as necessary to my son/daughter. I understand that the consent and authorization herein granted may include routine diagnostic procedures (i.e. Xrays, blood and urine tests) and are valid only during camp.

By signing this statement, I certify that all of the above information is true and I agree to take full responsibility for costs incurred due to any injury or sickness which may occur to the participant during camp.

Parent Signature: _____ Date: _____

Printed Name: _____ **Phone #:** _____