

RUWFC

Medical Form

Name: _____ Camp: _____

Parents/ Guardians: _____

Home Phone Number: _____

Emergency Contact: _____ Phone Number: _____

MEDICAL HISTORY INFORMATION

Is there a known history of:

A. Birth Deformities (one eye, one kidney, etc)	Yes	No
B. Medical Conditions currently under treatment	Yes	No
C. Pre-Existing injury currently under treatment	Yes	No
D. Fractures or other disability type injuries	Yes	No
E. Allergy (drugs, food, asthma, etc)	Yes	No
F. Mental Disorders of convulsions	Yes	No
G. Contact lens or glasses	Yes	No

Explain above questions answered "Yes" _____

IMMUNIZATION

DATE

- | | |
|---------------|-------|
| 1. Tetanus | _____ |
| 2. Polio | _____ |
| 3. Measles | _____ |
| 4. Mumps | _____ |
| 5. Diphtheria | _____ |
| 6. Rubella | _____ |

(If there is a religious objection to immunization of a child, a written statement should be signed and submitted by the parent/guardian.)

I hereby certify that the above information is correct to the best of my knowledge.

Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, herniations, lacerations, concussions, and even death. In the event of an injury, I authorize the Athletic Trainer, Nurses, Doctors, and emergency personnel to administer First Aid or care as deemed necessary.

We, the undersigned, for ourselves, or heirs, executors, and administrators, waive, release and forever discharge RUWFC, L.L.C. at Rutgers, it's staff, officers, agents, representatives, employees, successors and assignees of and from any and all rights and claims for damages to person or property during activities or while at camp site.

Parent/ Guardian Signature

Date