

Medical History & Treatment Parental Consent Form

**Important:** Each person who attends Joyce Soccer School must have this form Completed in full, on their behalf by a parent or legal guardian if under 18 years of age.

**Section A--C: To be filled out by parents (please print)**

**Section D: To be filled out by Parents or Family Physician. (A physical is not required)**

**Section A:**

Name of Participant: \_\_\_\_\_

Name of Camp attending: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Emergency Contact Phone Number 1: \_\_\_\_\_

Emergency Contact Phone Number 2: \_\_\_\_\_

**Section B: (Participant must be covered by an existing health insurance policy.)**

Name of Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

**Section C: (Medical Treatment & Liability Release)**

I/We, the undersigned parent or guardian, do hereby grant my permission for my son/daughter to attend Joyce Soccer School and fully participate in all activities thereof. In order that my daughter receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Joyce Soccer School to obtain medical treatment for my child for such an injury or illness during camp, and hereby release and agree to hold harmless Georgia State University, Joyce Soccer School, their agents, employees, and representatives from any and all claims and liability arising in any way out of their exercise of this authority. I understand and agree that all bills for medical care treatment will be forwarded to my insurance company, or me and that it will be my responsibility to see that bills are paid.

I/We further acknowledge, understand and agree that in participating in the camp, there is a possibility of physical illness or injury and that my son or daughter is assuming risk of such injury by their participation.

(Parent's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Section D: (Medical History Form)**

Date of last tetanus injection: \_\_\_\_\_

Please check diseases camper has had: Mumps\_\_\_ Measles\_\_\_ Polio\_\_\_ Chicken Pox\_\_\_

List any allergies: \_\_\_\_\_

Is the camper allergic to any medication? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

Is the camper under the care of a physician or taking any medication? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

Does the camper under the care of a physician or taking any medications? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

Does the camper have any of the following frequently or is he/she a victim of any of the following:

Nosebleeds\_\_\_ Rupture\_\_\_ Ear Aches\_\_\_ Stomach Cramps\_\_\_ Heat Exhaustion\_\_\_

Epilepsy\_\_\_ Heart Condition\_\_\_ Sore Throats\_\_\_ Diabetes\_\_\_

Has the camper been hospitalized? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

**Parent's/Guardian signature:** \_\_\_\_\_

**Family Physician's Name:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Physician's Phone Number:** \_\_\_\_\_

**Your e-mail address:** \_\_\_\_\_

### Release for Media Usage

I, the undersigned, do hereby consent and agree that **Joyce Soccer School** and its employees or agents have the right to take photographs, videotape or digital recordings of my child/children and to use these in any and all media, now or hereafter known, and exclusively for the purpose of **Joyce Soccer School**. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **Joyce Soccer School**, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording my child/children, either for initial or subsequent transmission or playback.

I also understand that **Joyce Soccer School** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of Participant: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_