Chris Collins Basketball Camp – 2019
Medical Questionnaire and Permission Form

Parent or Guardian: This form must be completed in order to participate in camp. If we do not receive this medical questionnaire and permission form by registration deadline, your son will not be able to participate in camp activities.

Camper's Name: _____

Address: _____

Street City State Zip

Camp Session(s): _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Home #: _____ Home #: _____

Office #: _____ Office #: _____

Cell #: _____ Cell #: _____

E-mail: _____ E-mail: _____

Emergency Contact: _____ Phone #: _____

PHYSICIAN INFORMATION

Physician: _____ Phone #: _____

INSURANCE INFORMATION

Insurance Carrier: _____ Plan #: _____

Policy #: _____ Effective: _____

MEDICAL HISTORY

1. Date of last tetanus booster: _____
2. Allergies: (Please List)
   - Insect stings: _____
   - Foods: _____
   - Medications: _____
   - Other: _____
3. Is your son currently under the care of a physician? Yes / No (please circle one)

If yes, please explain: _____

4. Is your son currently taking any medication? Yes / No (please circle one)

If yes, please explain: _____

5. Other medical information we should be aware of: _____

PARENTAL PERMISSION

I give my permission for such medical care as may be deemed necessary for my son by the camp medical staff, Evanston Hospital medical staff, or any other medical personnel. I understand that any health care facility will make every reasonable effort to contact me first, time and conditions permitting. I agree to be responsible for all charges incurred.

I also understand that Northwestern University is not responsible for any injury or damage sustained by the basketball camp participant to his or her person or property at any time during participation in the basketball camp unless such injury or damage is caused by the negligent act or omission of Northwestern University or the Chris Collins Basketball Camp, their employees, or agents.

Parent Name: _____ Parent Signature: _____

(Please print) (Date)