

Eastern Washington University

2018 Football Summer Camp Medical Release and Consent for Treatment



This medical release waiver must be completed and submitted at registration. Medical insurance and the information regarding your health care coverage must be completed on this medical consent and waiver. EWU Camp Programs do not provide medical care coverage.

Camp Name: _____ Camp Date(s): _____

(Please Print or Complete Electronically)

Camper Name (First, Middle, & Last): _____

Birthday: _____ Age: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian - Emergency Contact: _____ Relation: _____

Home Telephone Number: (_____) _____ -- _____ Work Telephone Number: (_____) _____ -- _____

Cell Telephone Number: (_____) _____ -- _____

Alternative Emergency Contact Name: _____ Relation: _____

Alternative Telephone Number: (_____) _____ -- _____

Insurance Provider's Name: _____

Policy/Identification Number: _____

Subscriber's Name: _____

Provider's Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian: I hereby give my permission for the Eastern Washington University Admissions Office to contact my child regarding information about attending Eastern Washington University. Yes: _____ No: _____ Signature: _____

Pre-Existing Medical Conditions (Include allergy, medication, and special dietary information)

A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD IS REQUIRED, PLEASE PLACE COPY IN BOXES PROVIDED BELOW

FRONT COPY OF CARD

PLEASE SCAN AND PLACE HERE
DO NOT STAPLE!
TAPE AROUND EDGES
DO NOT ATTACH COPY ON SEPARATE
PIECE OF PAPER
COPY OF CARD MUST BE PLACED HERE

BACK COPY OF CARD

PLEASE SCAN AND PLACE HERE
DO NOT STAPLE!
TAPE AROUND EDGES
DO NOT ATTACH COPY ON SEPARATE
PIECE OF PAPER
COPY OF CARD MUST BE PLACED HERE

I hereby authorize the Camp Director, EWU, its staff or agents to administer emergency medical treatment to my child, for any injury or other medical emergency while attending EWU summer camp. This consent also extends the right to EWU, its staff or agents, to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve life or well-being. I hereby release, hold harmless and indemnify the State of Washington, EWU, its staff or agents for any injury or damage related to administration of emergency medical care as authorized herein.

I know of no medical or physical problems which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other charges in connection with his attendance at camps held at Eastern Washington University.

Parent/Guardian Signature: _____ Date: _____

*Please note that you must print the form and provide a handwritten signature. The signature may not be completed digitally.