



**Cornell University**  
**Athletics & Physical Education**  
**Camps & Clinics**

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**MEDICAL FORM**

Camper Name: \_\_\_\_\_ Gender: BOY GIRL DOB: \_\_\_/\_\_\_/\_\_\_

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact (other): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_  
Full Name Date of Birth

Ins. Co. Address & Phone #: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**REQUIRED MEDICAL INFORMATION:**

Complete immunization records are attached:  YES  NO

An up-to-date physical is attached (w/in year of camp):  YES  NO

Medication will be needed at camp:  YES\*  NO

**\*If YES:** all information in the box below **MUST** be completed by your physician.

**FOR PHYSICIAN USE ONLY (if taking medication at camp)**

Medications & Dosages: \_\_\_\_\_

Time/Frequency of Administration: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Medical conditions, even if controlled (diabetes, seizures, etc.) \_\_\_\_\_

I have examined, \_\_\_\_\_ and hereby certify that s/he is able to participate in all athletic activities.  
Camper's Name

\_\_\_\_\_  
Physicians Signature Date Phone

**MEDICAL TREATMENT AUTHORIZATION** (Must always be signed by parent and by camper if camper is 18 years of age or older)

I give my permission for my daughter/son/ward to receive medical care by the staff of Cayuga Medical Center at Ithaca (including its Convenient Care Center) in the event of injury or illness. I also give permission for medical staff to administer any medications as indicated above. I understand I will be responsible for all charges for health services provided by off-campus providers in the event that they do not participate with my health insurance.

**PRIVACY INFORMATION:** The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires all health care providers to inform patients and/or parents of minors of their Notice of Privacy Practices.

Parent/guardian Signature: \_\_\_\_\_ Camper Signature (if 18 or older) \_\_\_\_\_

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

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