



MEDICAL FORM

Sport(s): \_\_\_\_\_ Camp Dates: \_\_\_\_\_ (one form allows camper to participate in multiple camps)

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

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

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_\_) \_\_\_\_\_

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

Insurance Co.: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Policy/ID no.: \_\_\_\_\_ Insurance Co. Phone: (\_\_\_\_\_) \_\_\_\_\_

Ins. Co. Address: \_\_\_\_\_

MEDICAL INFORMATION BELOW - PHYSICIAN'S SIGNATURE REQUIRED\*\*

\*\*You may instead attach a recent copy (within the past year) of a school physical (with physician's signature) if your child has no new medical conditions that limit his or her participation in sport activities. Complete immunization records may also be attached.

MEDICATIONS AT CAMP: Is it necessary to administer medication at camp? YES NO

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

All medication MUST be in its original container with an accurate pharmacy label. All medications MUST be accompanied by physician's orders, including over-the-counter medications. All medication MUST be given to the Medical Director at check-in.

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

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

Date of most recent immunizations: Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Diptheria \_\_\_\_\_

Poliomyelitis \_\_\_\_\_ Hemophilus influenza type b \_\_\_\_\_ Hepatitis b \_\_\_\_\_ Varicella (chicken pox) \_\_\_\_\_

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

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 Gannett Health Services and 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. In addition, I consent to have Gannett Health Services use and disclose my daughter/son/ward protected health information for payment, treatment, and health care operations purposes. Protected health information means health, billing, and demographic information created or received by Gannett Health Services. In the event that Gannett Health Services participates with my health insurance, I authorize the payment of benefits to Gannett Health Services. I understand I will be responsible for all charges for health services provided by Gannett Health Services and by off-campus providers in the event that they do not participate with my health insurance.

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

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

PRIVACY INFORMATION (Must always be signed by parent and by camper if camper is 18 years of age or older)

Gannett Health Services has a long-standing commitment to the rights and privacy of its patients. 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. I acknowledge that I have been made aware of Gannett's Notice of Privacy Practices, which can be reviewed at www.gannett.cornell.edu.

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

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