

**PLEASE BE SURE TO COMPLETE THIS FORM AND PRESENT IT WITH A COPY OF THE CAMPER'S PHYSICAL
ON THE FIRST DAY OF CAMP**

St. Anthony's Friar Sports Camp 2019 - Camper Medical Consent Form

Student's Name: _____

Address: _____

Home Phone:(_____)_____ Parent Cell Phone:_____

Emergency Contact Name: _____ Emergency Contact Phone:_____

Date of Birth: _____ Grade/Fall 2019:_____ School/Fall 2019:_____

Please list any medication your child is taking at this time

Medications:

Date of Last Physical _____ **Immunization Complete: YES** _____ **NO** _____ **If No – Why?**

(Current or Incoming Students with updated physicals on file in the St. Anthony's Health Office do NOT need a physician's signature on this form)

****I certify that this child is physically fit for participation in St. Anthony's Friar Sports Camp without restrictions.***

Physician Signature: _____ Date: _____

Required for Registration

Parental Waiver and Consent:

As the parent/guardian of the child named above, I hereby give my consent and approval for my child to participate in St. Anthony's Friar Sports Camp. I certify that my child is in good physical health and has my permission to participate. My child has no previous sickness, illness, disease, or bodily injury which is contradictory to participation. I understand that participation in camp may involve physical contact and there are certain risks of injury inherent in the practices and play of any sport and I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment to my child.

I hereby give my consent for medical treatment deemed necessary by medical personnel designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do hereby waive, release and hold harmless St. Anthony's High School, its officers, coaches and representatives for any injury that may be suffered by my child in the normal course of participation and the activities incidental to it.

Parent/Guardian Signature: _____ Date: _____