

Name of Sponsoring Rotary Club \_\_\_\_\_



**CONSENT, WAIVER & MEDICAL RELEASE FORM**

*Student's Guardian: Please print LEGIBLY on this form and return in registration packet*

Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

High School \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Name of Primary Insurance Policy \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Is this camper allergic to Tetanus Booster? \_\_\_\_\_

**Has Camper Had:**

**Medical Authorization**

Appendix Removed \_\_\_\_\_

Will medication be taken at camp?

Fainting Spells \_\_\_\_\_

If yes, please fill out below:

Asthma \_\_\_\_\_

Medication: \_\_\_\_\_

Heart Trouble \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_

Convulsions \_\_\_\_\_

Activities to limit: \_\_\_\_\_

Diabetes \_\_\_\_\_

Allergies to food or medicine?

Specify: \_\_\_\_\_

Are you required to carry an epinephrine auto injector?

Other (i.e. recent traumatic injury) \_\_\_\_\_

Have you ever had an anaphylactic reaction?

**Does Camper have any Existing Medical Conditions/Special Needs that need to be noted by staff:** \_\_\_\_\_

I consent to \_\_\_\_\_ (Student's Name) (hereinafter "my child") participating in RYLA.

My child has permission to engage in all prescribed activities, except as noted above by me. I also understand that all rules and regulations for this event will be enforced and any violation by my child will result in a call to me with a possible request to come pick up my child.

In consideration of participation in this event, I agree, on behalf of my child, his/her heirs and representatives to fully and forever release, discharge, indemnify and hold harmless Rotary Club of Corpus Christi, Rotary District 5930, any sponsoring Rotary clubs, and Camp Zephyr, their agents, servants and employees, successors, insurers, assigns, and all other persons, firms or corporations who might be liable, from any and all claims, demands, damages, charges, costs rights or causes of action of whatever nature, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event.

I also hereby authorize any medical treatment required by my child while in attendance at this event. I have described above any special medical or other needs required by my child, and will notify event personnel of any special needs or information required by my child.

**Date Signed:** \_\_\_\_\_

**Print Parent/Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Other person to notify in case of an emergency:** \_\_\_\_\_

**Other emergency phone:** \_\_\_\_\_