



MEDICAL INFORMATION FORM

Emergency Contact Information

In case of a medical emergency, the ACU Wildcat Sports Camps staff will contact the Emergency Contact(s) you designate below

First Contact Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____

City _____ State _____ ZIP _____

Second Contact Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____

City _____ State _____ ZIP _____

Authorization of Treatment and Medical Release Form

In case of a medical emergency occurring during my participation in ACU Wildcat Sports Camps, ACU (and its employees or agents) may (but is not obligated to) take any actions to secure whatever treatment it considers to be warranted under the circumstances regarding my health and safety. Such as do not create a special relationship between ACU and me. I agree to be solely responsible for any costs related to that treatment. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child; and I agree to be solely responsible for any costs related to that treatment. By signing my name below, I agree with terms outline in the authorization and give permission for this form to be printed as proof for ACU's use. I certify that all of the information provided in the health history statement is correct as far as I know, and the student herein described has permission to engage in all prescribed camp Activity.

Camper's Name/Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Healthcare Provider Information

Camper's Name _____ Camp attending _____

Name of Primary Care Physician _____

Phone Number of PCP _____

Health Insurance Company _____ Group ID No. _____

Medical History Information

Medication Allergies (Check all that apply/or add)

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Acetaminophen/Tylenol | <input type="checkbox"/> Ceclor | <input type="checkbox"/> Erythromycin |
| <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> Cefzil | <input type="checkbox"/> Ibuprofen |
| <input type="checkbox"/> Augmentin | <input type="checkbox"/> Codeine | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Bactrim/ Septra/Sulfa | <input type="checkbox"/> Doxycycline | <input type="checkbox"/> Zithromax |
| <input type="checkbox"/> Cephalexin/Keflex | <input type="checkbox"/> Doxyclyne | <input type="checkbox"/> Other _____ |

Any other allergies and/or Dietary Restrictions

Please check all medical conditions that this student experiences or has experienced within the past year

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cardiac issues/Hypertension | <input type="checkbox"/> Knee problems |
| <input type="checkbox"/> Back or neck injury | <input type="checkbox"/> Celiac disease | <input type="checkbox"/> Migranes |
| <input type="checkbox"/> Bladder/Kidney issue | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Night terrors |
| <input type="checkbox"/> Blood disorders | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Immune disorders | <input type="checkbox"/> Seizure disorder |

Camper's Name _____

Medications

Please list any and all medications this student will be taking during the hours of camp. All medications should be delivered to ACU Wildcat Sports Camps staff upon check-in. The designated medical personnel will administer medications as prescribed per parent's/guardian's permission. Medicine will not be dispensed unless the following guidelines are met:

- Prescription medications must be in the original pharmacy-labeled container or the original manufacturer's container, and must have the student's name on the container.
- Any doctor's office samples must be accompanied by a signed physician prescription.
- Please limit the amount of medication to only what is required for your student's term at camp.
- Our camp provides most common over-the-counter medications, which will be dispensed per parent's/guardian's permission for each camper.

Please list all medications that will be administered at camp:

Name of Medication	Strength	Dosage	Frequency	Special Instructions

Has student been hospitalized in the past year? Yes NO If yes, please explain briefly:

Camper's Name _____

Any additional concerns or conditions of which we should be aware?

Special Education Services

ACU is dedicated to removing barriers and opening access for students with disabilities in compliance with ADA and Section 504 of the Rehabilitation Act. If you have a disability that requires accommodations, please complete a specific request below.

Accommodations Needed

Please submit form by way of

- Check-in site at 120 Moody Coliseum
- Mail to (Camp Name), ACU Box 27916, Abilene, Texas 79699-7916