

Medical Release and Health Information – Revised 1/22/08

Name of Camper _____ Social Security # _____
Date of Birth _____ Address _____
Parent/Guardian's Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Contact's Name and number _____

I give permission for The University of Mississippi medical personnel to administer first aid and/or to provide the appropriate transportation to a medical facility to receive adequate medical care in the event of any injury or illness.

Parent or Guardian's Signature _____ Date: _____

Medical Release/Screening

*(*A copy of a sports' physical within one year of the date of camp being attended may be substituted).*

I have examined the camper named above on this form and found the camper to be free from injuries or conditions that would limit participation in athletics. I recommend that this person be accepted for this Ole Miss Sports Camp.

Physician's Name _____
Address: _____ Phone Number: _____
Allergies _____
Previous Injuries _____
Other important health information: _____
*Physician's Signature: _____ Date: _____

**A copy of a sports' physical within one year of the date of camp being attended may be substituted for a physician's signature. This information is confidential information and will be retained as a part of each camper's records*

Insurance: Each camper will be covered under a secondary insurance policy with limited benefits that is provided by The University of Mississippi. If a camper is injured, the parent/guardian will be requested to work with officials of The University of Mississippi's Athletics Department to provide the proper information regarding the injury to the secondary insurance provider. If this camper is covered by a current health insurance, please provide the following information.

Insurance Company Name: _____
Group Number or Policy Number: _____
Policy Holder's Name: _____