

**CORNERSTONE UNIVERSITY**  
**MEDICAL RELEASE FORM and HISTORY for MINOR CHILD**

The following information is required so that the camp staff and parent can work together to meet the physical, intellectual and emotional needs of the child. Please fill out the information requested. Please print and use ink. Thank you.

<b>Child's Name (Last)</b>	<b>First</b>	<b>M.I.</b>	<b>Sex</b>	<b>D.O.B.</b>	<b>Age</b>
<b>Address (Number and Street)</b>			<b>City &amp; State</b>		<b>Zip</b>
<b>Parent/Guardian's Last Name</b>		<b>First</b>	<b>M.I.</b>	<b>Work Phone</b>	
<b>Address (Number and Street)</b>			<b>City &amp; State</b>		<b>Zip</b>
					<b>Emergency Phone</b>
<b>Insurance Company Information: Please attach photocopy of the front and back of camper's insurance card.</b>					

Check if child has had any of the following (if so, please explain below):

Rheumatic Fever _____	Heart murmur _____	Other heart problems _____
Ulcers _____	Diabetes _____	Elevated blood pressure _____
Seizures/Epilepsy _____	Psychiatric problems _____	Asthma/wheezing _____
Infectious mononucleosis (mono) _____	Contact lenses/glasses (circle)	
Fractures/sprains requiring medical attention _____		

EXPLANATION FOR ABOVE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Major illness, hospitalizations and surgeries (explain and give dates):  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE OF LAST TETANUS TOXOID: \_\_\_\_\_

Special conditions to be watched for such as **allergic reactions to food, Penicillin or other drugs**, bed wetting, fainting, sleep walking, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Should there be any limitations in activity due to the above? (if so please explain on back.)

The following consent will be used by the Camp Director or Athletic Trainer as needed in the event of an emergency. Every effort will be made to contact the parents as soon as possible. I, (we) \_\_\_\_\_, do hereby state that I am (we are) the natural parent(s) or legal guardian(s) having legal custody of the above named child and consent to emergency medical care necessary to be rendered to the minor.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Parent or Guardian)

Week of Camp: \_\_\_\_\_

MEDICATION(S) NEEDED OR USED including Psychiatric:


I hereby grant permission for my son/daughter to self medicate.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 6/8/2005