

## CSU Youth Sport Camps EMERGENCY CONTACT AND HEALTH FORM

Camper's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_  
Mother's e-mail: \_\_\_\_\_ Father's e-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work hours: \_\_\_\_\_ Work hours: \_\_\_\_\_  
Work phone \_\_\_\_\_ Work phone: \_\_\_\_\_

Name of person to be notified in an emergency if parents are not available  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name(s) of any person(s) – other than parents/guardians – to whom the camper may be released.

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Is there someone who should not be allowed to pick up this child?

Name \_\_\_\_\_ Description \_\_\_\_\_  
\_\_\_\_\_

### Child's Specific Medical Information: PLEASE PRINT CLEARLY

Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_ Frequency \_\_\_\_\_  
Other: \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Office Hours: \_\_\_\_\_  
Hospital preferred for emergency treatment \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**In case of serious illness or injury and if parent/guardian cannot be reached, will you allow your child to be transported to the doctor or hospital by an employee of Colorado State University or medical personnel?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby give permission to Colorado State University to secure emergency medical treatment for the above named minor child in the case of the above named school. The parents will accept all expenses of such care.**

\_\_\_\_\_  
Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**INJURY SURVEILLANCE DATA** I understand that routine information is collected when a child is injured. In the event that my child is injured you \_\_\_\_\_ may or \_\_\_\_\_ may not contact me for further details.

\_\_\_\_\_  
Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

### For SUPER SPORT CAMP FIELD TRIPS:

The Super Sport Camp Director has my permission to take my child on the scheduled Super Sport Camp field trips away from school ground for which advanced notice has been given. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

