Dear Summer Program Parent,

All parts of pages 1, 2 and 3 must be completed and returned to the Daphne Thompson ONE WEEK PRIOR TO ARRIVAL ON CAMPUS:

Page 1 - Health/Contact Information - to be completed by parent or guardian – complete all sections, being sure to sign and date at the bottom of the form.

Page 2 - UPDATED IMMUNIZATION RECORD
A. 2 MMR dates are mandatory
   This form MUST be completed and returned with the physical examination form.

   **Physical Exam:** Must be within the past year, school physical acceptable. Exam must be performed by physician, physician’s assistant, or nurse practitioner.

Page 3 - Medication Sheet - must be completed for every camper. NEW YORK STATE DEPARTMENT OF HEALTH now requires that the Health care provider (doctor, nurse practitioner, physician’s assistant) must complete the medication sheet for both over-the-counter and prescription medications. Medications will not be dispensed if this form is not completed and signed by a parent and health care provider, this includes all over-the-counter medications.

Page 4 – Liability Sheet – must be completed for every camper prior to participation.

**IMPORTANT NOTES**

ALL prescription and over-the-counter medication to be taken by camp participant (under 18 years old) must be left and kept with the medical staff, where a schedule will be set up for dispensing of the medication. All medications must be in the pharmacy bottle or original store container with proper labeling.

It is advised: prior to mailing these forms that you make a copy to hand carry to registration. No camper will be allowed to stay without completed health forms.

Any medical questions, please call Daphne Thompson at (607) 436-2360.
This side to be completed by parent. FOR: Girls Basketball Camp

Name: ____________________________________
Last  First    Initial
Birth Date _________ Sex_________ Age_________

Parent/Guardian ___________________________
Phone (H)_________________________
Phone (W)_____________________

Home Address_______________________________________________________________________________
Street and Number City State Zip

If not available in an emergency, notify:
1. ___________________________________________ Phone _______________________
   (Area code and number)
   Street and Number City State Zip

2. ___________________________________________ Phone _______________________
   (Area code and number)
   Street and Number City State Zip

PERSONAL HISTORY: (circle condition you have had)
Alcohol dependency   Chicken Pox
Allergy               Diabetes               Heart Disease
Anemia                Drug dependency         Jaundice
Asthma                Eczema                 Kidney Disease
Bronchitis            Emotional Problems/Counseling
Rheumatic Fever
Scarlet Fever
Seizure disorder
Tonsillitis

OPERATIONS, INJURIES AND HOSPITALIZATIONS (with dates) _______________________________
___________________________________________________________________________________________

PRESENT MEDICATIONS OR TREATMENTS _________________________________________________
___________________________________________________________________________________________

PLEASE LIST ALL ALLERGIES, INCLUDING ALLERGIES TO MEDICATIONS _______________________________
___________________________________________________________________________________________

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

ADDRESS ____________________________ ID# __________________________

PARENT AUTHORIZATION: This health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed camp activities, except as noted by the examining physician and me. In the event I cannot be reached in an EMERGENCY I hereby give permission to the health care provider selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

PARENT SIGNATURE: ____________________________ DATE: __________________________
PATIENT NAME: _________________________________________  DOB: ____________
Last:_____________________________________
First _________________________________________

IMMUNIZATIONS REQUIRED FOR REGISTRATION

**Tetanus-Diphtheria Toxoid** (Booster within 10 years) DATE: _______________

Hib vaccine           DATES 1st ___ 2nd ___ 3rd ___ 4th ___ OR date of illness ______

Hepatitis B vaccine  DATES 1st ___ 2nd ___ 3rd ___

**POLIO VACCINE** (complete series of Oral/Salk) DATES _______________

**MMR** (Mumps, Measles, Rubella) (after 1st birthday) DATES 1st _____________ 2nd _____________

**OR**

*MUMPS VACCINE* (after 1st birthday) DATE _______________

*MEASLES VACCINE* (after 1st birthday) (2 doses) DATES 1st _______ 2nd ______

*RUBELLA VACCINE* (after 1st birthday) DATE _______________

**OR**

MUMPS TITER (valid only if lab report is included) RESULT ___________ DATE _______

MEASLES TITER (valid only if lab report is included) RESULT ___________ DATE _______

RUBELLA TITER (valid only if lab report is included) RESULT ___________ DATE _______

**VARICELLA VACCINE:** DATE___________ OR DATE OF ILLNESS _______

**MEDICAL EXAMINATION—To be filled out by a licensed physician, physician’s assistant/nurse**
This examination must be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

**CODE:**  -- Satisfactory  X Not Satisfactory (explain) O Not Examined

Height ____________  Weight ____________  B.P ______________

   Eyes__________________  Lungs__________________
   Glasses___________  Abdomen__________________
   Ears__________________  Hernia__________________
   Nose_______________  Extremities_______________
   Throat________________  Posture (spine)____________
   Teeth_______________  Skin__________________
   Heart_______________  Allergy________________

Recommendations and restrictions while in camp:

Special Diet ________________________________

Medications (identify) ________________________________

Dispensing Protocol ________________________________

Can this camper participate in unrestricted recreational activity?
If no, explain:______________________________

I have examined the person herein described and have reviewed his/her health history. It is in my opinion that he/she is physically able to engage in camp activities, except as noted above.

Examiner __________________________ Telephone __________________________
MEDICATION SHEET—Must be completed and signed by Parent and Health Care Provider

ORDERS FOR: Name ___________________________ DOB: _______________ WEIGHT: _______________

Standard over the counter medications (the following medications will be administered at the discretion of an RN or LPN if approval is indicated by the camper’s healthcare provider). Any other over the counter medications the child routinely takes and will be bringing with them must be added to this list. **No over-the-counter medications can be dispensed without completion of this form.**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>ROUTE (please circle preferred formulations)</th>
<th>DOSAGE</th>
<th>SCHEDULE AND INDICATIONS</th>
<th>CAMPER HEALTHCARE PROVIDER ORDER</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibuprofen</td>
<td>Oral</td>
<td>200 mg</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>Oral</td>
<td>325 mg</td>
<td>YES</td>
<td>NO</td>
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</tr>
<tr>
<td>Acetaminophen</td>
<td>chewable</td>
<td>160 mg</td>
<td>YES</td>
<td>NO</td>
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</tbody>
</table>

Prescription Medications (Must complete with patient’s current regimen for both scheduled and PRN medications. Use 2nd page if needed)

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BOTH SIGNATURES REQUIRED:

Parent Signature ___________________________________________ Date _____________________

Health Care Provider (MD, NP, PA) Name _____________________ Phone _____________________

Address ____________________________________________ License # ___________________
RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of my minor child/ward ______________________________ (“my child”) being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport(s); and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY Assume ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and
3. I willingly agree to comply with the program’s stated and customary terms and conditions for my child’s participation. If, however, I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Camp, Oneonta State College, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lesasers of premises used for activity (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law. This includes an extended day camper leaving campus during the operating hours of 8:00 am – 9:00 pm to return home during camp breaks between sessions.

I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X____________________________ (Parent/Guardian’s Signature) ___________________________ DATE SIGNED: ______________

DATE SIGNED: _______________________

AGREEMENT TO ARBITRATE DISPUTES

In the event of any dispute pertaining to any provision of this agreement, or pertaining to the services rendered pursuant to this agreement, or in any way related to attendance at this camp, including any claim for personal injury or other loss. EACH PARTY HERETO AGREES TO SUBMIT TO BINDING ARBITRATION TO RESOLVE SUCH DISPUTES, before the American Arbitration Association in San Francisco, California, or such other venue as deemed appropriate by the AAA arbitrator, such arbitration to proceed under the AAA rules. In the event either party to this agreement incurs any expense as a result of the other party’s failure to comply with any provision of this agreement, the non-complying party shall be liable for reimbursement of any and all such expenses or attorney fees directly or indirectly related to failure to comply. In the event any legal action or proceeding occurs which is in any manner related to or pertaining to this agreement, attempting to challenge in a non-arbitral forum such as a court of law the validity or application of this agreement, the party who substantially prevails in that court or non-arbitral proceeding shall be entitled to receive reasonable costs of such action or proceeding including attorney’s fees. The following disclosures are intended to help you thoroughly understand the significance of agreeing to arbitrate any controversy, or claim, or issue in any controversy or claim which may arise between the undersigned client and the attorney:

A) Arbitration shall be final and binding on the parties.
B) The parties hereto are waiving their right to seek remedies in court, including the right to jury trial.
C) Pre-arbitration discovery is generally more limited than and different from court proceedings.
D) The arbitrator’s (s) award is not required to include factual findings or legal reasoning and any party’s right to appeal or to seek modification of rulings by the arbitrator (s) is strictly limited.
E) The arbitrator or panel of arbitrators will typically include an attorney or judge, active or retired.

BY SIGNING BELOW, YOU ARE SIGNIFYING UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT.

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of the Camp. By signing below, I am stating that I am also aware of and accept the risk inherent in the program activity. By signing below, I agree as well to hold harmless and indemnify Oneonta State College, their officers, agents and employees, from any and all liability, loss, damages, costs, refunds or expenses which are sustained, incurred or required out of the actions of my dependent in the course of the camp.

Dated: ________________________ ___________________________
Parent or Guardian