

IS THE CAMPER STILL ON MEDICATION FOR ANY CONDITION LISTED ABOVE? EXPLAIN.

LIST MEDICATIONS TO BE TAKEN AT CAMP: LIST WHEN TAKEN, HOW OFTEN AND WHO MAY ADMISTER THE MEDICATIONS: _____

DOES YOUR CAMPER HAVE ANY SIGHT OR HEARING ISSUES? EXPLAIN.

ARE THERE ANY PHYSICAL OR BEHAVIORAL CONDITIONS THAT MAY AFFECT OR LIMIT YOUR CAMPER'S FULL PARTICIPATION IN CAMP ACTIVITIES? EXPLAIN.

CAMPER'S DATE OF LAST TETANUS: _____

I have read and understand this form's contents completely and have answered the above questions accurately.

I believe that my son/daughter is in good physical condition and that he/she can participate fully in camp activities.

The staff of the UMD Recreational Sports Outdoor Program has my authorization to review and retain this form as protected health information for the purposes of the above program. The staff at UMD Recreational Sports Outdoor Program has permission to seek and/or administer emergency care for my son/daughter in the event a parent or guardian cannot respond at the time of emergency and has my authorization to provide this form to health care personnel for the purposes of the participant's emergency treatment in that event. I understand that UMD Recreational Sports Outdoor Program is not responsible for any charges for such health care services provided to my child.

I understand that I have the right to revoke, in writing, this authorization at any time; however, this authorization will automatically expire at the end of the above program. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my child's protected health information have acted in reliance upon this authorization. Further, I understand that, if my child's protected health information is disclosed to someone who is not required to comply with the federal privacy protection regulations, then such information may be redisclosed and would no longer be protected.

DATE: _____

SIGNATURE OF PARENT: _____