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## PARTICIPANTS HEALTH STATEMENT

*Please complete the following as thoroughly as possible. The information will be used only by the program leaders and any emergency medical personnel. All material is confidential.*

1. Please list any disabilities or conditions (heart conditions, diabetes, seizures, etc) that the camper has that might affect his or her participation in any camp activity. Please include any recent (last six months), major illnesses, operations, or broken bones. \_\_\_\_\_
2. Please list any allergies that your camper might have, including bee stings, **food**, or medication/drugs.  
\_\_\_\_\_
3. Last date of immunization (tetanus, booster, etc)? \_\_\_\_\_
4. List any medications being taken. \_\_\_\_\_

**JMU Youth Programs staff members and volunteers will not distribute any medication to children.**

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## MEDICAL TREATMENT

### Consent to Medical Treatment

In the event of injury or illness of my son/daughter/ward, \_\_\_\_\_ Born \_\_\_\_\_, 20\_\_\_\_. I hereby authorize James Madison University, or representatives thereof, to admit the above named individual to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare. The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned on his or her behalf of the individual named above, their heirs, assigns and personal representatives, hereby release James Madison University, its trustees, officers, faculty, and employees from any and all claims arising out of the admission to, or treatment administered by, such facility.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

The above signed acknowledges that he/she is the legal guardian of the camp registrant and has read and agrees with all of the information provided in the health history portion of this form. Also, that the information provided above is filled out to the best of his/her knowledge.

Please check out our website for more information: [www.jmu.edu/recreation](http://www.jmu.edu/recreation)