JAMES MADISON UNIVERSITY

Office of Youth Safety
Medical Release and Health History

INSTRUCTIONS: Please provide detailed health information for determining appropriate supervision, support, and accommodations for the JMU Program, Event, or Camp (PEC) listed. **A parent or guardian must sign.** PLEASE PRINT ALL INFORMATION. (NOTE: Both pages of this form must be completed.)

Program/Event/Camp (PEC) Name: _____

Date(s) of event: _____ Location: _____

PARTICIPANT IDENTIFICATION

Name: _____
Last *First* *Middle*

Age: _____ Birthdate: _____ Gender: _____

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

First parent/guardian name: _____ First parent/guardian email: _____

First parent/guardian phone daytime: _____ Evening: _____ Cell: _____

Second parent/guardian name: _____ Second parent/guardian email: _____

Second parent/guardian phone daytime: _____ Evening: _____ Cell: _____

Who has primary custody of the participant? _____

PHYSICIAN / INSURANCE INFORMATION

Family physician name: _____ Phone: (_____) _____

Dentist/orthodontist name: _____ Phone: (_____) _____

Does the minor have medical/hospital insurance? ☐ Yes ☐ NO **Medical insurance is not a requirement at the PEC.*

Carrier *(optional)*: _____ Policy ID # *(optional)*: _____

IMMUNIZATION HISTORY (This must be completed)

Are your child's immunizations up to date? ☐ YES ☐ NO **Date of most recent tetanus shot:** (month/year) _____/_____

PARTICIPANT HEALTH AND MEDICAL HISTORY *(Questions 1-6 must be completed.)*

1. Please list all food allergies and/or other dietary restrictions for the person listed above and any necessary precautions that should be taken:

2. Please list all Non-Food Allergies (poison ivy, medications) and describe nature of reaction.

3. Please list all medical conditions. (Check all that apply.)

- ☐ Asthma
- ☐ Attention disorders (ADHD)
- ☐ Bleeding disorders
- ☐ Cardiac disorders
- ☐ Diabetes
- ☐ Heat Related illness
- ☐ Seizures/Convulsions
- ☐ Other:

Please describe any condition that you checked:

(continued on back)

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A copy should be maintained by PEC/Supporting Unit following Policy 1109- Records Management.

Participant Name: _____ Date of Birth: _____

PARTICIPANT HEALTH AND MEDICAL HISTORY *(Questions 1-6 must be complete.)*

4. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

☐YES ☐NO If YES, *please explain:* _____

If you plan to bring medication to camp, please complete a Self-Administration Authorization of Medication Form for each medication.

5a. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year?

☐YES ☐NO If YES, *please explain:* _____

5b. Is there any reason that participation in a program or activity should be restricted?

☐YES ☐NO If YES, *please explain:* _____

6. What else should we know about your child?

JMU PECs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health that may be helpful for PEC staff to be aware of.

COMMUNICABLE DISEASE DISCLAIMER

I understand that although James Madison University holds the health and safety of its community as paramount, there is no guarantee that my minor participant will not be exposed to or infected with a communicable disease, or experience injury or illness generally, during participation in this program or associated activities. I understand that, if I choose to allow my minor to participate, the physical presence of my minor as well as participation and utilization of facilities, services, and programs at James Madison University may carry heightened risks that cannot be eliminated regardless of the care and reasonable efforts taken to avoid and mitigate those risks. Despite these risks, I chose to have my minor to participate in the PEC. I have read and fully understand the risks associated with participation and I voluntarily and knowingly assume those risks for my minor as a condition of participation.

Parent/Guardian Initials: _____

APPROVAL / EMERGENCY AUTHORIZATION

If this section is not signed, participation in the event/activity will not be allowed. You must contact your PEC if there is a change in health status after submitting this form.

1. I give my permission for the participant named on this form to attend the designated JMU PEC. He/She has permission to participate in all activities which may include physical activity/exercise and related actions under the supervision of instructors, subject to limitations noted herein.
2. I understand, acknowledge, and agree that James Madison University does not provide medical insurance to cover emergency care or medical treatment of my minor participant.
3. I understand, acknowledge, and agree that James Madison University does not provide medical care unless availability is specifically noted by the PEC, to cover emergency care or medical treatment of my minor participant.
4. I give permission to the PEC staff to give basic first aid treatment (excluding non-life saving medications) to my minor participant if they become hurt/injured during the PEC activities.
5. I agree to the release of medical records necessary for treatment to the appropriate medical care provider.
6. If there is insufficient time to contact me or the individuals designated on my minor participant's emergency contact/pick up authorization form, I authorize the leaders of this PEC to call 911 and obtain emergency medical treatment for my minor participant in the event of a medical emergency, as determined by PEC staff. The PEC staff will make every effort to promptly notify the parent(s)/guardian(s) as soon as possible. I understand that I will be responsible for any costs associated with such medical care.
7. Parents/guardians must be reachable in the event of an emergency. If a serious illness or injury occurs, parents/guardians will be notified immediately. If the parent/guardian cannot be reached, PEC staff will contact the individuals listed on the minor participant's emergency contact form. If neither the parents/guardians nor emergency contacts can be reached, or if they are unable to arrive at the PEC site in time for an ambulance transport, a PEC staff member may accompany the minor participant to the hospital.
8. Participation in the activity is entirely voluntary, and participants may withdraw from the PEC at any time. In determining whether my child/legal dependent will participate in the activity, I am aware that James Madison University cannot undertake financial responsibility for my child/legal dependent in the event that they are injured or become ill while participating in the activity, nor can it assume any legal responsibility for harm my child/legal may cause because of participation in the activity.

PARENT/GUARDIAN PRINTED NAME: _____

SIGNED: **X**_____ DATE_____