

# BROOKLYN SPORTS and THEATRE CAMP

## MEDICAL RELEASE AND AUTHORIZATION

Camper's Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL HISTORY (to be completed by parent/guardian) -- Is there a known history of**

- |     |   |          |         |
|-----|---|----------|---------|
| (A) | Birth deformity (one eye, one kidney, etc.)         | Yes ____ | No ____ |
| (B) | Medical condition currently under treatment         | Yes ____ | No ____ |
| (C) | Pre-existing injury currently under treatment       | Yes ____ | No ____ |
| (D) | Fracture or other disability-type injury            | Yes ____ | No ____ |
| (E) | Allergy (drugs, food, asthma, etc.)                 | Yes ____ | No ____ |
| (F) | Learning disabilities/Learning challenges           | Yes ____ | No ____ |
| (G) | Known past illness of more than one week's duration | Yes ____ | No ____ |
| (H) | Contacts or eye glasses                             | Yes ____ | No ____ |

Explain above questions answered "Yes"

\_\_\_\_\_  
\_\_\_\_\_

Any other medical conditions we should be aware of \_\_\_\_\_

\_\_\_\_\_

**I hereby authorize** emergency medical treatment for the above-named child in the event of injury sustained during participation in the camp.

Initial Here: \_\_\_\_\_

**I hereby authorize** any physician, hospital or healthcare provider to give emergency medical care and treatment to the above-named child.

Initial Here: \_\_\_\_\_

**I hereby assume** all financial responsibility for emergency medical care and treatment by any physician, hospital or healthcare provider to the above-named child.

Initial Here: \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Parent/Guardian** \_\_\_\_\_