

Seton Hall University Camp Program Medical Treatment Authorization

This form must be completed and returned before camp/program/event enrollment dates in order for camper to be permitted to participate in any Seton Hall sponsored programs or activities involving minors.

Personal Information

Camper's Last Name _____ First Name _____ Birthdate _____ M F

Specify camp your child will be attending _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Daytime Phone _____ Daytime Phone _____

Place of employment _____ Place of employment _____

Health Insurance Carrier _____ Health Insurance Carrier _____

Policy Number _____ Policy Number _____

Name of Family Physician _____ Phone _____

In case of emergency, please notify:

If neither parent nor guardian is available in an emergency, please contact:

1. _____ Phone _____

2. _____ Phone _____

Health History [Please check and provide approximate dates that camper suffered from allergies or other conditions listed below]

Allergies

Hay Fever Bee/Wasp Stings Insect Stings Penicillin Peanut Other Food/Drugs: _____

Other

Asthma Diabetes Convulsions Concussion Behavioral/Emotional Other: _____

Date of most recent tetanus immunization: _____

Please list any **major** past illnesses (contagious and non-contagious): _____

Please list any **major** operations or serious injuries (include dates): _____

Has the camper ever been hospitalized? If so, when? _____

Please list any chronic or recurring illness: _____

Is there anything else in camper's health history that the camp staff should know? _____

Are there any activities from which the camper should be restricted? _____

Does the camper have any special dietary restrictions? No Yes If YES, explain: _____

Does the camper wear any medical appliances (glasses, contact lenses, etc.)? No Yes If YES, explain: _____

Will the camper need to take any medication at camp? No Yes Does the camper use an EpiPen No Yes

If YES to medication or EpiPen, please complete the Camper Camp/Program/Event Medication Form

In the event of an illness or injury, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I understand that the Program Designee or designee will call 911. I understand the University Health Services department does not provide services to campers attending camps, programs or activities and that it is my responsibility to pay any medical bill that may be incurred should my camper need medical care while attending a Seton Hall University sponsored program or activity.

I understand that Seton Hall University does not provide medical insurance to cover emergency care or medical treatment of my camper.

Parent's/ legal guardian's name (please print)

Date:

Signature

* Terms and Conditions agreed to via electronic signature

LIABILITY RELEASE

Assumption of Risk, Release of Claims, Indemnification and Hold Harmless Agreement

In return for being permitted to participate in the program, activity or camp ("Program") taking place on the Seton Hall University campus ("University Premises"), I voluntarily accept, understand and assume the risk of injury to my son/daughter ("Attendee") from the Program.

In return for being permitted to participate in the program, I waive and release forever any and all rights for claims and damages I may have against Seton Hall University, its trustees, regents, officers, agents and employees from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature, including attorneys' fees, which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury that may be sustained by Attendee, or to any property belonging to Attendee, whether caused by negligence or carelessness on the part of Seton Hall University, its trustees, regents, officers, agents and employees, or otherwise, while Attendee is on University premises.

I further agree to defend, indemnify and hold harmless Seton Hall University, its trustees, regents, officers, agents, employees from liability for injury, damage, loss or liability whatsoever caused by Attendee's negligence, gross negligence, or intentional acts or omissions in connection with the Program or use of the University Premises.

I have carefully read this document and understand it to release Seton Hall University, its trustees, regents, officers, agents and employees, from any claims and liability resulting from Attendee's participation in the Program and to waive all claims for damages or losses against the University. I further understand that I am obligated to indemnify the University for any liability for injury or death of any person and damage to property caused by Attendee's negligent, grossly negligent or intentional acts or omissions.

MEDIA RELEASE

I give permission to Seton Hall University to use any photographs, videos and /or other recordings of my son/daughter's image or voice, as well as his/her name and any quotes or information taken from such recordings (all of which shall be referred to as a "recording"), that are made while s/he is participating or otherwise connected to any programs, activities or camps at Seton Hall University.

Seton Hall University shall have unlimited rights to use any recording for purposes related to the University.

I hereby release Seton Hall University and those acting pursuant to its authority from liability for any violations of any personal or proprietary right I and/or my son/daughter may have, and from any other claims and demands arising out of or in connection with any recordings and/or their use by the University. I understand that all such recordings in whatever medium, shall remain the property of Seton Hall University.

CAMP NAME: _____

PRINT NAME OF ATTENDEE: _____

PRINT NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____