

# Minor Participant Information & Waiver Form

The information collected in this form is confidential and will only be shared in a medical emergency. It is collected to ensure the safety of your camper. Thank you for taking the time to fill out the form in its entirety.

## Camper Information

Camper's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## Emergency Contact Information

1<sup>st</sup> Emergency  
Contact Name: \_\_\_\_\_  
Relation to Camper: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
2<sup>nd</sup> Emergency  
Contact Name: \_\_\_\_\_  
Relation to Camper: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

## Insurance Information

Health Insurance Company Name: \_\_\_\_\_  
Policy or Member ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
In whose name is the insurance listed: \_\_\_\_\_

## Medical Information

Is your child under medical treatment: YES \_\_\_\_\_ NO \_\_\_\_\_  
List condition(s): \_\_\_\_\_  
Please list any medications your child currently takes.  
Prescription: \_\_\_\_\_  
Over the counter: \_\_\_\_\_  
Can your child self-medicate? \_\_\_\_\_  
Please check pain reliever that may be given: Tylenol: \_\_\_\_\_ Ibuprofen: \_\_\_\_\_ Other: \_\_\_\_\_  
Does your child have any allergies? YES \_\_\_\_\_ NO \_\_\_\_\_  
List allergies & treatment for each: \_\_\_\_\_  
Does your child have asthma? YES \_\_\_\_\_ NO \_\_\_\_\_  
List medications & asthma "triggers": \_\_\_\_\_  
Date of most recent tetanus shot: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Phone number of Family Doctor: \_\_\_\_\_

Check any physical conditions and explain treatment:

\_\_\_\_\_ Vision:                      Wears Glasses? \_\_\_\_\_                      Contacts? \_\_\_\_\_                      Other: \_\_\_\_\_

Eye Doctor Name & Phone Number: \_\_\_\_\_

\_\_\_\_\_ Heart or Lungs: \_\_\_\_\_

\_\_\_\_\_ Epilepsy/Seizure Disorder: \_\_\_\_\_

\_\_\_\_\_ Attention Deficit Disorder/Hyperactivity: \_\_\_\_\_

Please list any pre-existing conditions or medical concern(s) that would limit participation at camp.

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

### Medication Permission

\_\_\_\_\_ has brought/will bring the following medications with him/her to camp.  
(name of camper)

He/she has my permission to use them. He/she may not share them with any other camper.

Medications: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, am aware that I may NOT share any medications with other campers.  
(name of camper)

Camper Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Medical Treatment Authorization

In the event that medical treatment for my child is required, I authorize a representative of Gettysburg College to take my child to Gettysburg Hospital, 147 Gettys St., Gettysburg, PA 17325. I also understand that my insurance is primary if medical treatment is rendered.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(actual signature is required)

### Waiver/Release Information

**COVID-19 Policy: ALL current Gettysburg College COVID-19 GUIDELINES, POLICIES, & PROCEDURES must be followed during event.**

In consideration for the permission granted by Gettysburg College and \_\_\_\_\_ [insert name of camp/organization] for Camper to participate in this Camp, on my behalf and on behalf of the Camper, and each of my and the Camper's heirs, executors, and administrators, I hereby **waive and release** any and all causes of action, claims, suits, damages, and judgments, in any form whatsoever, arising from or by reason of any and all known or unknown, foreseen or unforeseen bodily or personal injuries (including death) or property damage, resulting from the Camper's participation in the Camp and related activities, against Gettysburg College and \_\_\_\_\_ [insert name of camp/organization], and their employees, administrators, trustees, volunteers, and agents.

IN WITNESS WHEREOF, and intending to be legally bound, I have executed this document below.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be completed, printed, and mailed, emailed (scanned as a PDF file), or faxed to the Camp Directors.