

EMPORIA STATE UNIVERSITY
*Statement of parent/guardian informed consent
for participation and permission to provide emergency medical services*

WARNING : ASSUMPTION OF RISK

I, the undersigned parent/guardian of _____, a minor, hereby give my permission for him/her to participate in Student Council Summer Leadership Workshop. As I

sign, I know that vigorous physical activity presents certain dangers of mild, moderate, or severe injury to my son/daughter. Further, as I sign, I know catastrophic injuries causing death, permanent paralysis or loss of organs can occur as a result of physical activity. I acknowledge that the Camp, Memorial Union, and Emporia State University officials, do not have control over these dangers. My child has been instructed to follow the directions of camp officials.

PERMISSION TO PARTICIPATE

I, the undersigned, state that to the best of my knowledge my child is physically capable of participating in a vigorous daily schedule along with rigorous physical activity. Also, I verify the medical history of my child is complete and identifies any factors which might limit his/her physical activity. In consideration of the benefits my child will receive through this camp participation, I hereby release ESU, the Memorial Union Corporation, the State of Kansas, their employees and agents from any liability or claims arising from this activity, except as such claim may be made under the Kansas Tort Claims Act. I give my permission to participate.

PERMISSION FOR MEDICAL TREATMENT

I, the undersigned, hereby give permission for my minor child to receive emergency medical treatment or transfer to appropriate medical facility as deemed appropriate by attending physician. Further, I acknowledge reading and understanding the above statements and truthfully completing the medical history portion of this form.

I, the undersigned, provide the following medical history of the above named minor.

Name _____ Date of Birth ____/____/____ S.S.# ____ - ____ - ____

Home Address _____

Parent or Legal Guardian _____ Telephone (____) _____

Full Address _____

Family Physician _____ Address _____ Telephone _____

YES NO 1. Allergies _____

YES NO 2. Current Medication _____

YES NO 3. Major Medical Illness (e.g., anemia, diabetes, epilepsy, bleeding disorders, thyroid, etc.)

Please Identify: _____

MUST COMPLETE PAGE TWO (2) OF THIS FORM!

- YES NO 4. Heart Conditions (murmur, heart disease) _____
- YES NO 5. Respiratory Conditions (asthma, hay fever) _____
- YES NO 6. Been Knocked Unconscious, How Often, Dates, Recommendation _____
- YES NO 7. Has There Ever Been A Medical Problem With The Following:
 Eyes _____ Kidneys _____ Ears _____ Hernias _____ Testicles _____
- YES NO 8. Operation or Surgery _____
- YES NO 9. Fractures (broken bones) _____
- YES NO 10. Ever Fainted During Exercise. EXPLAIN _____
- YES NO 11. Overnight Hospitalizations (Explain) _____

Do you have Hospital (Medical) Insurance? _____ Covered by Parents Policy? _____ Own Policy? _____

Name of Company _____ Policy Number _____

Company Address _____

In case of Emergency contact: Name (Parent/Guardian) _____

Street _____ City _____ Zip _____

Home Telephone () _____ Business Telephone () _____

**FOR KSHSAA CONFERENCE/CAMPS.
 Bring this form to registration 1st day of camp. DO NOT MAIL**

STATE OF: _____

COUNTY OF: _____

Witness this _____ day of _____, A.D. _____

 (Legal Guardian Signature)

Student Council Leadership Workshop

 (Camp Name)

Subscribed and sworn to before me this _____ day of _____, A.D. _____,
 in testimony whereof, I have hereunto set my hand and official seal the day and year aforesaid.

 Notary Public

My term expires: _____