

* Is Camper now under treatment for any medical or psychological condition? _____ Yes _____ No

If yes, please explain: _____

* Please list any daily and routinely taken medications of which the Camp Staff should be aware.

* Does Camper have allergies to medications or other sensitivities? _____ Yes _____ No

If yes, please explain.

* Does Camper have any other special health care concerns of which the Camp Staff should be aware?

_____ Yes _____ No

I hereby grant permission to the staff of the Milford High School Conditioning Camp and the Athletic Trainer of Milford High School to arrange for health care, emergency treatment, or hospitalization at an accredited hospital or other medical, psychological, or dental care facility when considered necessary.

I also grant permission to the staff of the Milford High School Conditioning Camp and the Athletic Trainer of Milford High School to render any health care or emergency treatment needed to my son/daughter/ward.

Date _____

Signature _____

Parent /Guardian