

SAINT MARY'S COLLEGE SUMMER PROGRAM

EXAMINATION FORM

Approved by: AMERICAN ACADEMY OF PEDIATRICS

(Must be completed by a physician - see dates below)

Please Print All Information

Camper/Student's name _____ Age ____ Date of birth _____
Last First Middle
Address _____ City _____ State ____ Zip _____

The above-named camper/student was examined by me on _____ and found to be in satisfactory health and apparently free from communicable disease at that time. Based on this exam, there are no apparent contra-indications to participating in routine activities of this program.

Date of the most recent tetanus toxoid immunization ____/____/____ Original tetanus series given ____ Yes ____ No

Allergies (food) _____

Allergies (medication) _____

Prior athletic injuries, special problems, comments _____

Examining physician's signature _____ Date _____

Address _____ City _____ State ____ Zip _____

(This physical exam form must be signed by a physician and dated between July 2007 and July 2008)

FOR PARENTS ONLY:

In the event that your child might need medical treatment, we ask that you sign the following Consent for Treatment:

CONSENT FOR TREATMENT: I/We hereby grant permission to the physicians and staff of the SAINT MARY'S COLLEGE SUMMER PROGRAM, any medical or surgical consultant deemed necessary, and any hospital to render emergency medical and surgical treatment as needed to the above-named camper/student. In a life and death situation, we will act immediately to protect the student and contact you as soon as possible. In a serious but non-life threatening situation that is beyond the scope of the nurse's abilities, we will attempt to contact you before we proceed with hospital, outpatient medical treatment. If we are unable to contact you, we will act in the best interest of the camper/student. Further, parents/guardians hereby acknowledge and accept financial responsibility for any medical treatment that may be provided.

Mother's (Guardian's) signature _____ Date _____ Father's (Guardian's signature) _____ Date _____

White & Yellow/Summer Program Office

Pink/Trainer

Gold/Parent or Guardian

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