

MEDICAL INFORMATION FORM

Camper's Name: _____

Family Physician: _____
Phone #: _____

Contact in Case of Emergency: _____
Phone#: _____

Medical Insurance Company: _____
Policy Number: _____
Policy in Name of: _____
Address of Insurance: _____
Phone#: _____

Allergies: _____
Date of Last Tetanus Shot: _____

**Insurance program designed to cover costs in excess of campers' own policy*

Medical Treatment- Consent and Release Authorization

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge The UNLV Runnin' Rebel Basketball Camp, UNLV and its staff, officers, agents, employees, representatives and assign of and from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occurred during participation in Camp activities or while at camp. I also give permission for my child to be given emergency treatment at a local hospital.

Parent/Guardian signature: _____ Date: _____