



**HIGHER LEVEL CAMPS, INC. TRAVELING TEAMS, RIPON CAMP PARENTAL
CONSENT CERTIFICATION & MEDICAL AUTHORIZATION**

Parents and legal guardians of minor children are asked to complete and return this form. The information requested is designed to assist in providing for the safety of minors participating in Higher Level Camps traveling teams, Ripon Camp, practices, and tournament schedules.

GENERAL INFORMATION

Child's Name _____

Male _____ or Female _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Child's Address _____

Home Phone # _____ Parent's Work Phone # _____

Cell Phone # _____ Cell Phone # _____

Family Doctor _____ Phone# _____

CONSENT & CERTIFICATION

I, the undersigned, being the parent or legal guardian of the child named above (the child), do hereby consent to the participation of my child in Higher Level Camps traveling teams, Ripon Camp, practices, and tournament schedule.

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that Higher Level Camps will not be responsible for medical expenses, incurred, but that such expenses will be my responsibility as parent/ guardian. I agree to notify Higher Level Camps of any health changes which would restrict my child's participation. I also understand that the adult supervisors reserve the right to restrict my child from participation if they do not feel my child is with the physical capabilities.

A photocopy of this document has the same force and effect as the original.

Signature of Parent/ Guardian

Date

Medical Insurance Company

Claim #

Group

Name of Insured

**Higher Level Camps, Inc. Traveling Teams/ Ripon Camp
Parental Consent, Certification and Medical Authorization Form**

1. Has our child ever been hospitalized? (For what/ when?)

2. Has your child ever had surgery? (Type?/ when?)

3. Is your child currently taking Medication, including asthma medications?

4. Circle any conditions that is applicable to your child and explain:

- . Has your child ever passed out during exercise? _____
- . Has your child ever been dizzy during exercise? _____
- . Has your child ever had chest pains? _____
- . Does your child tire more quickly than others during exercise? _____
- . Has your child ever had high blood pressure? _____
- . Has your child ever had a racing heart beat or skipped beats? _____
- . Has your child ever had heat cramps? _____
- . Has your child ever been dizzy or passed out in the heat? _____

5. Has anyone in your family died of heart problems or a sudden death before the age of 40? _____

6. Does your child have any skin problems? (itching, moles, breaking out etc)

7. Has your child ever had a head injury, concussion? Date? _____

- . Has your child ever been knocked out? (Date?) _____
- . Has your child ever had a stinger, burner, or pinched nerve? (Date) _____

8. Has your child ever sustained an injury to the following? (Please circle)

L/R Hand	L/R Neck	L/R Back	L/R Ankle
L/R Wrist	L/R Chest	L/R Elbow	L/R Hip
L/R Forearm	L/R Thigh	L/R Arm	L/R Shin
L/R Shoulder	L/R Knee	L/R Foot	L/R Calf

9. Does your child use special pads or braces? (List and explain)

10. Is your child presently being treated for an injury or sickness?

11. Is our child allergic to any type of medication?

12. Does your child have (or has ever had) the following?

Seizure disorders	Hay Fever	Hepatitis	Headaches
Asthma	Kidney Disease	Stomach Ulcer	(frequent/ Severe)
Heart Murmur	Mononucleosis	Arthritis	Sickle Cell Anemia
Diabetes	Tuberculosis	Eye Injuries	Ear Problems

13. Is there any medical condition your child has had or has that is not listed on this medical release form?
