



## Summer Camp Emergency Medical Assessment & Parental Consent Form

### PART 1 HEALTH ASSESSMENT – To be completed by parent/guardian –

Child's Name (Last, First Middle)	_____	_____ / _____ / _____ <i>Birth Date</i>
Address (Street, City, State, Zip)	_____	_____ / _____ <i>Phone Number</i>
Parent/Guardian (Female)	_____	_____ / _____ <i>Parent/Guardian (Male)</i>
Physician/Nurse Practitioner Name and Address	_____	_____ / _____ <i>Phone Number</i>
Dentist Name and Address	_____	_____ / _____ <i>Phone Number</i>
Other source(s) from which the student receives health care. (If none, write "None.")	_____	_____ / _____ <i>Phone Number</i>



**Insurance & Medical Emergency Contact Information:**

I understand that the degree of danger and the seriousness of the risk varies significantly with dance, hooping and with working with an object (hoop) carrying the higher risk. I understand the risk inherent in Troupe participation through meetings, written handouts, or some other means. The participant is insured by our family policy with:

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Dental Insurance: \_\_\_\_\_

In case of an emergency, please contact me at: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**Emergency Contact 1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contact 2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_



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### ASSESSMENT OF PARTICIPANTS HEALTH

To the best of your knowledge, does your child have any problems that may affect his/her participation, cause any concern and/ or be important for the staff to know? Please check (  ) "Yes," or "No" for each of the following:

Medical	Yes	No	Comment	Medical	Yes	No	Comment
Allergies (Drugs,				Eye or Vision			
Asthma				Heart Problems			
Behavior or				Hospitalization			
Birth Defects				Lead Poisoning			
Bladder Problem				Limits on Activity			
Bleeding				Medication			
Bowel Problems				Meningitis			
Cerebral Palsy				Prematurity			
Concussion (Head				Seizures			
Diabetes				Sickle Cell Disease			
Ear Problem or				Speech Problem			

Question	Yes	No	Comments	Question	Yes	No	Comments
Are there any types of activities that need to be limited due to the child's health?				Has the participant ever had (continued):			
Has the individual been advised by a physician during the past year to restrict activity?				head injury?			
Has the participant ever had surgery?				neck injury?			
Has the participant ever:				back pain?			



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Question	Yes	No	Comments	Question	Yes	No	Comments
been hospitalized?				shoulder separation or dislocation?			
been unconscious?				pulled ligament or ruptured tendon?			
fainted?				swollen, dislocated, or painful joint?			
had frequent headaches?				serious muscle injury or rupture?			
had convulsions?				<b>Does the participant have loss or seriously impaired function of any paired organ?</b>			
had numbness or tingling of face, arms, hands, legs, or feet?				eye			
had chest pain?				ear			
had shortness of breath?				lung			
had enlarged liver or spleen?				kidney			
become weak or ill when exposed to high temperatures?				testicle/ovary			
<b>Has the participant ever had:</b>				<b>Does the participant wear:</b>			
ankle sprain?				glasses?			
knee trouble (including torn cartilage)?				contact lenses?			
knee cap dislocation?				dental braces?			
broken bone or fracture?				other:			



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I understand that forgery on any part of this form will result in the student being declared ineligible for the Session for which the student and parent has registered.

I agree to inform the Banner School and Soolah Hoops of any changes in my child's mental, emotional or physical health needs or if anything new is discovered at any time after the date this document is signed.

I agree that in the event of injury or illness, the staff member in charge of the team may act in my behalf and at my expense in obtaining medical treatment for my child.

I will have any medical plan of action sent to Soolah Hoops and the Banner School for my child's safety and well being.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the organization to perform to provide treatment for any injury or condition resulting from participating in performances/activities for the camp itself.

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*



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### PART III

#### Participation Agreement

I, the parent/guardian of the student named below, hereby give permission for my child to practice and participate in all of the team's activities, as directed by the instructors. I understand that my child will be obligated to attend regularly scheduled practices and events scheduled in the Frederick Maryland area.

I understand that **myself and my child are responsible for her/his behavior at all time**, and agree not to hold the **Banner School or Soolah Hoop responsible for any damages** incurred as a result of my child's behavior. I also understand that any violation may result in exclusion from the rest of the camp without refund.

**PHOTO/MEDIA:** I hereby (**circle one**) **give / do not give** permission for my child to be interviewed and/or photographed by the media as it pertains to The Banner School Summer Camps or Soolah Hoops activities and performances.

Print Parent Name

Print Student Name

Parent or Guardian Signature

Student Signature,

Date

Date