

MEDICAL CARE AUTHORIZATION
COLORADO STATE UNIVERSITY

Camp or Program Name: Engineering Your World

Dates: June 7 – June 11, 2021 Time(s) 9:00 a.m. – 4:00 p.m.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. As a camper/ program participant, parent or guardian I understand that:

The information requested on this form is intended to help inform our staff of any pre-existing conditions. If your child has a pre-existing medical condition, participation in any strenuous activities, or recreational time may not be recommended. *This information will be kept in strict confidence and will be shared with your permission.*

Colorado State University (Insert Department Name) Mechanical Engineering requests the information below so that, in the case of an emergency, you have provided us with accurate information about you so that we can provide and/ or seek appropriate treatment. You are accountable for providing an accurate medical history. ***Final determination about whether to participate is the responsibility of you, and your physician.*** If you have any medical issue that is not requested below, but of which you think it is important, please include that information.

PART 1: GENERAL INFORMATION

Name _____ Email Address _____

Parent/ Legal Guardian Name (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ / _____ / _____ Gender M/ F

PLEASE LIST TWO EMERGENCY CONTACTS:

| Emergency Contact #1 Name | Home Phone | Work Phone | Cell Phone | Relation |
|---------------------------|------------|------------|------------|----------|
|---------------------------|------------|------------|------------|----------|

| | | | | |
|---------------------------|------------|------------|------------|----------|
| Emergency Contact #1 Name | Home Phone | Work Phone | Cell Phone | Relation |
|---------------------------|------------|------------|------------|----------|

PART 2: MEDICAL INFORMATION

It is recommended that you consult your physician prior to participating in this camp/ program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in the camp/ program. Please answer all the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/ or additional paper if needed.

Physician's name _____ Phone Number _____

Most recent tetanus toxoid immunization _____

Do you have health/ accident insurance? Yes/ No

If yes, please indicate policy number, name and address of company. : _____

Please email a front and back copy of your insurance card to mechcamp@colostate.edu

Do you have any limiting medical conditions that you or your doctor feel would limit your participation in the Camp/ Program?

Yes/ No If yes, identify and explain _____

Are you currently taking medication that may interfere with your ability to safely participate in the camp or the program?

Yes/ No If yes, identify and explain _____

Do you have any allergies or reactions to medications, insect stings or plants?

Yes/ No If yes, please explain _____

Do you have a history, of or do you currently suffer from any medical condition(s) with which we may need to be aware?

Yes/ No If yes, please explain _____

Any other health-related information you think may be important for us to know:

PART 3: AUTHORIZATION FOR MEDICAL CARE

In cases where medical attention is necessary, parents will be contacted for approval when possible. However, we are required to have on file a medical release form signed by the parent/ participant

Camper/ program participant's name _____ has my permission to receive medical attention in the event of illness or medical emergency while participating in this camp or program. I will assume the financial responsibility for any cost of health care for my child/ myself that may occur during this camp/ program.

PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/ my child and/ or others during this camp/ program. By signing my name I represent and warrant that I have provided all materials and important information to Colorado State University (Department) Mechanical Engineering pertaining to my/ my child's medical, mental and physical condition and that it is accurate and complete. I agree to notify Colorado State University (Department) Mechanical Engineering of any changes to my/ my child's mental, physical or medical condition prior to my/ my child's scheduled camp/program.

By revealing or disclosing the above medical information, it will not be used by Colorado State University personnel or employees to determine my/ my child's ability to participate safely in activities. I understand that, if I/ my child chooses to participate in activities, I/ she/ he do so voluntarily and of my/ his/ her own accord, and the final decision regarding participation is solely the responsibility of myself and my child.

SIGNATURE IS REQUIRED:

Camper/ program participant Name: _____ Date _____

Camper/ program participant's Signature: _____

Parent/ Legal Guardian's Name _____

Parent/ Legal Guardian's Signature _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18.