

OCEANSIDE ICE ARENA

Health History & Consent to Treat (Your child will not be admitted to camp without this form completed)

Participant Information:

Child Name: _____ Sex: ____ Age: ____

Sibling Name: _____ Sex: ____ Age: ____

Health History

Please identify any medical condition or history, which would require special attention:

Please list any activity that participant(s) should be restricted from doing:

Please list any medication that needs to be taken during camp: please indicate name of drug and dosage:

Does your child have any of the following:

Allergies

(Yes/No)

Food/ Nut _____

Asthma _____

Eczema _____

Insect Sting _____

Other _____

No to all _____

Drug Reactions

(Yes/No)

Aspirin/ ibuprofen _____

Penicillin _____

Antibiotics (type) _____

Other _____

Any other things that need to be relayed to Coaches or Staff:

Insurance Information

I, the parent/ guardian of _____, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the named person below, before taking this action. I hereby waive and release Oceanside Ice Arena staff, camp management and sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

Signature: _____

Date: _____

Main Contact Phone Number (____) _____ cell/ work

Emergency contact: _____ **Emergency contact Phone:** (____) _____