

Last Name: _____

Varsity Swim Camp-Parental Consent Form

The Wildcat Swim Camp at Villanova Univ.

Medical Information

The following form will be used to provide the best information necessary in the event of a medical emergency. Please read and complete this form as accurately as possible.

Guardian's Name (s) _____

Name of Camper _____ Date of Birth _____

Address _____

Allergies _____

Present Medications _____

Date of last tetanus toxoid _____

Relevant past treatment or injuries _____

Insurance Carrier _____ Policy Number _____

EMERGENCY CONTACT

Father _____ Home Phone _____ Work Phone _____

Mother _____ Home Phone _____ Work Phone _____

Other _____ Relationship _____ Phone Number _____

In the event of an injury, I authorize the Athletic Trainer, nurses, Doctors, and emergency personnel to administer first aid or care as deemed necessary.

We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge the Varsity Swim Camp at Villanova, its staff, officers, agents, representatives, employees, successors and assigns of and from any and all rights and claims for damages to person or property activities, or while at camp site.

Parent/Guardian Signature _____