

MSU W. Soccer Elite Prospect Academy

Medical Treatment Authorization Form

1. Participants Name: _____

2. Camp/Clinic Dates: _____

3. List any medical conditions that camp personnel should be aware of
(use additional pages if necessary): _____

4. List any medications currently taking: _____

5. List any allergies: _____

In case of emergency please contact:

Name: _____

Daytime Telephone

Nighttime Telephone

Name of Medical Insurance Company

Telephone

Insurance Policy Numbers

Authorization:

I, _____, hereby authorize the staff of the above named camp to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp for any and all liability for any physical injuries or illness according at camp. I have no knowledge of any impairment that would be affected by the above named camper's participating in the camp program as outline in the brochure. My signature on this waiver also states that the above name camper is covered by my personal medical insurance policy.

Signature (Parent or Guardian) Date

Camps are open to any and all entrants, limited by number, age, grade level and/or gender.

RETURN AUTHORIZATION FORM TO:

Mail: Women's Soccer: 233 Kalamazoo Street, East Lansing 48824

Email: heller@ath.msu.edu or **Bring on first day of camp/clinic**