

**MINNESOTA BASEBALL INSTRUCTIONAL SCHOOL
EMERGENCY MEDICAL INFORMATION**

CAMPERS NAME: _____

CAMP NAME (ex. Rookie Camp): _____

ADDRESS: _____

AGE: _____ (Street) (City) (State/Zip Code)
SEX: _____ BIRTH DATE: ____/____/____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact

NAME: _____

HOME PHONE: () _____ WORK: () _____ CELL: () _____ (Relationship)

Secondary Emergency Contact

NAME: _____

HOME PHONE: () _____ WORK: () _____ CELL: () _____ (Relationship)

HEALTH INFORMATION STATEMENT

Check below any information you feel the staff may need to maximize the safety and the well being of the camper. To the right of the condition statement is a space for more information relating to the condition checked. **PLEASE BE SPECIFIC, especially regarding severity or special needs. This information is imperative in case of emergency, and will remain strictly confidential.**

Nervous or Mental (epilepsy, emotional stress, convulsions, attention disorders) _____

Lung Disease (asthma, persistent cough, tuberculosis) _____

Disease of Heart or Blood Vessels, Increased or Abdominal Blood Pressure _____

Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) _____

Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis) _____

Arthritis, Diabetes, Kidney or Bladder Disease _____

Hay Fever or Allergies _____

Allergy to Medicines (including penicillin, tetanus) _____

Allergy to Foods _____

Impaired Sight or Hearing, Chronic Ear Infections _____

Recent Surgical Operations, Accidents or Injuries _____

Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) _____

Any Infectious Disease _____

Skin Disease _____

Currently Taking Medications (list names and doses) _____

Medication that needs Refrigeration _____

Do You Have Corrected Vision? YES NO SOMETIMES
 Glasses Contacts
 Date of last **TETANUS BOOSTER** _____

Family Doctor's Name _____ Clinic/Hospital _____

Phone: () _____

Health Insurance Provider _____
(Name)

(Address) (City) (State/Zip Code)

Name of Policy Holder _____ Policy Number _____

RECOGNITION & ASSUMPTION OF RISK AGREEMENT

I, the undersigned parent/legal guardian of _____, authorize said child's participation in the Minnesota Baseball Instructional School (MBIS) camp. It is my understanding that participation in the activities that make up MBIS is not without some inherent risk of injury. As such, in consideration of my child's participation in the MBIS camp, I hereby release, waive, discharge, and covenant not to sue the MBIS and any and all Directors, Officers, and Instructors and the Regents of the University of Minnesota and its directors, Officers or Employee from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

I agree to follow all instructions and procedures in order to maintain a maximum level of safety. I understand that a medical insurance policy carried by the MBIS will provide only minimum coverage and that I should make sure my child is covered in the event of a serious accident.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for the cost.

I authorize the release of my child's medical information to pertinent MBIS camp staff and emergency personnel in regards to providing appropriate medical care to my child.

(print name of parent/guardian)

(parent /guardian signature)

(camper's signature)

(date)

**** Please bring these forms to registration on the first day of camp. We do not receive medical forms via mail or the internet. This Medical form and Assumption of Risk must be completed prior to the campers' participation in MBIS. Forms are not retained from camp to camp unless its within the summer camp period.**