

# Annex H Medical Information and Authorization

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number and Street

City State Zip Code

Date of Birth: Age: Sex: Grade:

Parent/Guardian Name: Relationship: \_\_\_\_\_

Home Phone No.: ( ) Work Phone No.: ( )

If not available in an emergency, notify:

1. \_\_\_\_\_
2. \_\_\_\_\_

Health History: (Check, giving approximate dates)

\_\_\_\_\_

Medical Insurance Information

This section must be completed before the minor will be allowed to participate in activities. A photo copy of the insurance card should also be attached.

Insurance Company \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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THIS SECTION IS TO BE COMPLETED ONLY FOR THOSE WHO DO NOT HAVE MEDICAL INSURANCE:

In the event there is no medical insurance, Old Dominion University requires that parents/guardians agree to incur the cost of medical expenses of their child. If there is no medical insurance, please complete the section below:

I, \_\_\_\_\_ agree to be financially responsible for all medical costs incurred by my child, \_\_\_\_\_ at

Parent/Guardian Signature \_\_\_\_\_

A Note to Parents/Guardians without Medical Insurance: You MUST sign where indicated if you carry no medical insurance on the camper. Those without a signature will be returned, and registration will be held until a signature is obtained.  
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PARENT'S AUTHORIZATION

Liability Release: I, the undersigned, individually and as a parent/guardian of the camper named on the front of this form, a minor, ask that he/she be admitted to participate in the sports camp or youth program being held at Old Dominion University. I do hereby agree to release, discharge and hold harmless Old Dominion University, Foundations thereof, the Commonwealth of Virginia, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving