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Camp LMU

Registration, Informed Consent, & Student Medical Release Form

Camper Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

T-shirt Size (circle ONE): S M L XL

Grade Entering 2023-2024: \_\_\_\_\_ Sex: Male:  Female:

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

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contacts and Authorization for Camper Pick-Up: (NOT Parent/Guardian)

I hereby authorize the following people to pick up my child from Camp LMU and/or to be contacted in the event of a medical emergency. Please list ALL people who might pick up your child.

1. Name: (Not Parent) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: (Not Parent) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

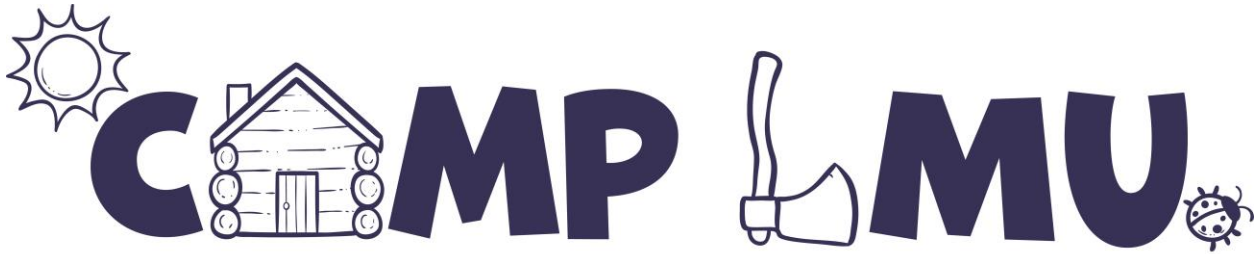
Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

PHOTO/VIDEO RELEASE:

I give my permission for pictures/videos to be taken of my child at Camp LMU functions that may be used and/or posted on LMU websites (or social media) to promote camp activities.

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



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**Medical History**

Does the camper have any allergies, chronic illness, or medical conditions?

YES       NO

If yes, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. **Submit this notification in writing and attach it to this form. Please include names of medications and dosages that must be taken.**

**Check the following areas if your child has had:**

If necessary, add another page with details.

**Immunization:**

Please provide a copy of your child's physical/immunization records dated within one year of the date of camp.

**Does your camper have any allergies? Please describe:**

Food: \_\_\_\_\_

Plants: \_\_\_\_\_ Medications: \_\_\_\_\_

Insects: \_\_\_\_\_ Other: \_\_\_\_\_

**Any conditions requiring medication?**       No     Yes

If Yes, please describe:

\_\_\_\_\_

**Any Physical Limitations?**     No     Yes

If Yes, please describe:

\_\_\_\_\_

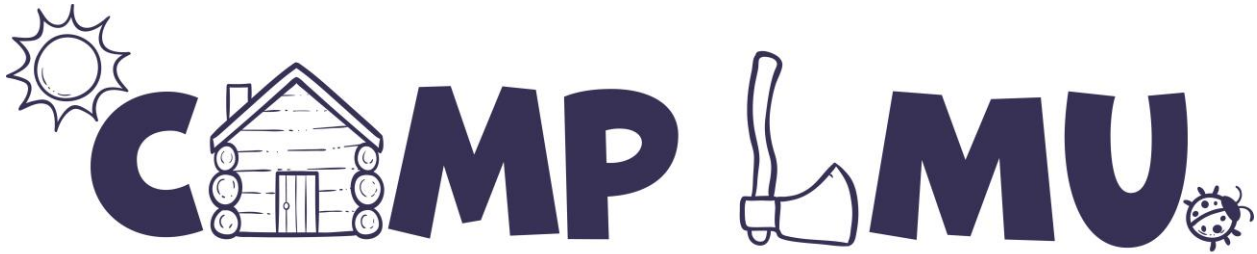
**Does your child wear:**

**Medications Received and Administered at Camp**

Name of Medication (include EPI Pens and Inhalers): \_\_\_\_\_

\_\_\_\_\_

Dosage: \_\_\_\_\_



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Reason for Medication: \_\_\_\_\_

Times to be taken: \_\_\_\_\_ AM/PM

Additional instructions or notes for this medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*Any medications received or administered at camp REQUIRES a signed doctor's note with administration instructions.**

**Please list and explain any major illnesses your child experienced during the last year:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities may include but are not limited to the following: cookouts, football, basketball, various games, soccer, group skill building, introduction to dental medicine, veterinary medicine, nursing/healthcare, lego robotics, engineering/STEM activities, and more. **Should your child's activities be restricted for any other reason? Please explain or please submit your wishes in writing with this form:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### **Parent/Guardian Informed Consent, Acknowledgment and Release**

We/I, the parent(s) and/or guardian(s) of the minor child, \_\_\_\_\_, being \_\_\_\_\_ years of age, hereby give permission for the minor child to attend Camp LMU at Lincoln Memorial University. We/I recognize and understand that the child will be participating in activities which may expose the child to some level or risk of injury. We/I acknowledge that the minor child will be participating at his/her own risk.

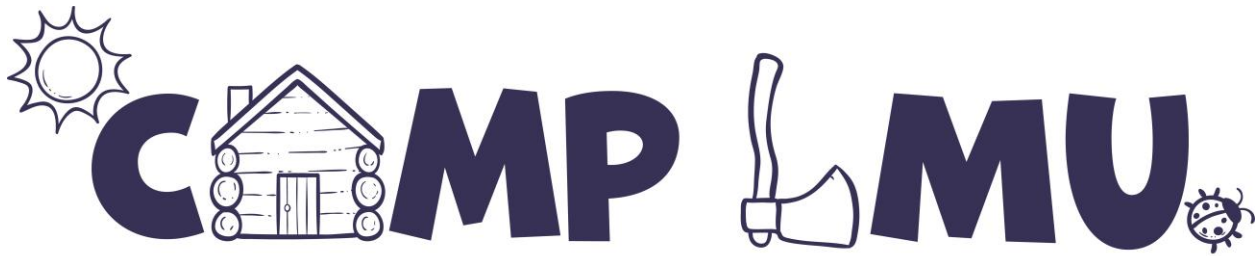
Furthermore, we/I understand that unless we/I have notified Lincoln Memorial University in writing that the minor child is unable to participate in an activity due to some physical or mental consideration, the child will be allowed to participate in all activities at Camp LMU.

We/I give permission for the child to participate in any on-campus field trips planned and taken as a part of Camp LMU. We/I understand and agree that these trips may involve transportation by van/bus or walking.

Furthermore, in consideration of Lincoln Memorial University allowing the minor child to attend Camp LMU from June 19 to June 23, 2023, we/I agree to pay the camp fee of \$200.00 per child (15% sibling discount) and hereby do release and hold harmless Lincoln Memorial University and its trustees, agents, officers, and employees, against loss (including reasonable attorneys' fees) from any and all claims or causes of action of any kind or nature that may be brought by or on behalf of the said minor child or by us arising out of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by the said minor child or is arising out of or in connection with Camp LMU. Furthermore, we agree to indemnify Lincoln Memorial University for any loss or damage to the premises, facility, or equipment of the Camp LMU facilities caused by our minor child. Such indemnification shall include costs and expenses incurred by Lincoln Memorial University, including reasonable attorney fees.

This Camp LMU medical release and permission form gives permission to seek whatever medical attention is deemed necessary, and releases Lincoln Memorial University, its staff, and its volunteers of any liability against personal losses of named child. I/we the undersigned, have legal custody of the camper named above, a minor, and have given my/our consent for him/her to attend Camp LMU organized by Lincoln Memorial University.

In the event that he/she is injured and requires medical attention, I/We consent to any reasonable medical treatment as deemed necessary by a Lincoln Memorial University staff/employees. In the event treatment is required from a physician, medical personnel, and/or hospital personnel designated by Lincoln Memorial University, I/we agree to hold Lincoln Memorial University free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider or if I/we do not carry any health insurance. Further, I/we



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affirm that the health insurance information provided above, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/we also agree to pick up my/our child from Camp LMU at my/our own expense within one hour of being notified should they become ill or if deemed necessary by the camp nurse, camp director, volunteers, or staff members.

We/I have read the foregoing release and understand that we/I are signing a complete release and bar to any claims as defined above.

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

Date: \_\_/\_\_/\_\_\_\_

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

Date: \_\_/\_\_/\_\_\_\_

**Please submit a copy of the current health insurance policy card and immunization records and attach them to this form.**

*Cost: The cost for Camp LMU is \$200 per camper (15% sibling discount). Please make checks payable to: Lincoln Memorial University and put Camp LMU in the memo line.*

*Campers will NOT be registered until all of the above paperwork has been received and confirmed by the Camp Director.*

**Forms can be mailed to:**

**Camp LMU**

**Grant Lee 003**

**6965 Cumberland Gap Pkwy.**

**Harrogate, TN 37752**

**or e-mailed to: [CampLMU@lmunet.edu](mailto:CampLMU@lmunet.edu)**