



FAIRMONT STATE UNIVERSITY™

Fairmont State University - Medical Treatment Release Form

It is the responsibility of the camper’s parent or guardian to ensure that the camper is healthy and has no physical problems that would prevent his/her participation in all camp activities and further, has had a physical within the last 12 months by the appropriate licensed medical personnel clearing camper for athletic participation or other physical activity (if applicable). Responsibility for primary medical insurance coverage rests with the camper.

Student Health Services at Fairmont State will be available during daytime operating hours Monday – Friday. If Student Health Services is not available during a medical illness or injury event, emergency response will be initiated, which may include calling 9-1-1 or use of an ambulance to a nearby hospital facility as determined by Fairmont State or the responding emergency personnel.

THE FORM MUST BE COMPLETED BEFORE REGISTRATION IS COMPLETE!

This medical treatment form must be completed by the parent or legal guardian of every Fairmont State University summer camp/program participant.

Camper’s Name: _____ Date: _____

Camper Cell Number: _____ Camper Email Address: _____

Name of summer Camp/Program and Date(s) of Event: _____

Gender Identity (Check One): Male Female Self-Identify Prefer Not to Share

Date of Birth: _____ SSN: _____

Address: _____

Parent/Guardian Name: _____ Relationship to Camper: _____

Parent/Guardian Contact Number: Home: _____ Cell/Other: _____

Secondary Contact Name: _____ Relationship to Camper: _____

Secondary Contact Number: Home: _____ Cell/Other: _____

Health and Insurance Information:

List any allergies to food, environmental, medications, etc., and type of reaction: _____



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List and conditions that physicians should be aware: _____

Current medicines/dose/instructions: _____

COVID vaccine Status: _____

Health Insurance Company: _____

Policy Holder Name: _____

ID/Policy No.: _____ Group No.: _____

Name of Pediatrician/Primary Care Provider: _____

Contact Number for Pediatrician/Primary Care Provider: _____

Preferred Medical Facility: _____

Any other medical issue in which Fairmont State should be aware or which may affect the camper's participation in camp: _____

ACKNOWLEDGMENT:

I, _____, the parent/guardian of _____ (a minor), give my permission for Fairmont State Student Health to administer any medications needed and to provide and arrange for any necessary medical treatment of this minor while at Fairmont State University, including onsite and offsite emergency care. I accept responsibility for the costs of all medical treatment.

Fairmont State University Student Health Services will make every effort to contact the parent/guardian listed above in the case of an emergency. Emergency medical treatments will not be withheld or delayed based on whether the parent/guardian has been contacted in order to maintain safety of the minor involved.

I consent to Fairmont State University's use of the camper's name and likeness in promotional literature, media stories/reports, and other materials related to Fairmont State University and the subject camp.



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Signature and Date of Parent/Guardian:

Print Name

Date

Signature

Emergency Phone Number

Day: _____