



University of South Alabama Emergency Medical Information

Participant Name: _____

- Impaired Sight or Hearing, Chronic Ear Infections _____
- Recent Surgical Operations, Accidents or Injuries _____
- Any Current Infectious Disease _____
- Any Current Skin Disease _____
- Allergy to Foods _____
- Do You Wear Glasses? Yes No Sometimes
- Do You Wear Contact Lenses? Yes No
- Date of last TETANUS BOOSTER _____
- Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) _____
- Any other current health-related issues? _____
- Have you received a Covid-19 vaccination? Yes No
- Up to date on all vaccinations required for school entry? Yes No
If not, which are not up to date _____

Please note: For overnight youth programs, all medications that accompany the participant to the program will be given to a designated counselor/chaperone. The counselor will dispense the medication in accordance with the directions provided by the parent. Medication should be in its original container labeled by the pharmacist. Only include enough medication for the time the participant will be attending the youth program.

- Allergy to Medicines (including penicillin, tetanus) _____
- Medication that needs refrigeration _____
- Medicines currently taken by participant , including non-prescription or over-the-counter medications (list names, doses, times) _____

- Under ongoing care of a Physician (NAME AND PHONE #) for a chronic or recurring problem _____

Family Doctor's Name: _____ **Clinic/Hospital:** _____

City: _____ **Phone:** () _____

Health Insurance Provider Name _____ **Policy Number:** _____

As a parent or guardian, I understand that if a serious illness/injury develops, I will be notified as quickly as possible, and medical or hospital care will be administered. However, if I cannot be reached, I give my permission for any and all emergency treatment, x-ray, or surgery recommended by an attending physician.

I also understand if my child becomes ill or injured, my health insurance is the primary coverage for those expenses. The University of South Alabama carries accident insurance that is secondary coverage in the event of an injury.

SIGNED _____ DATE: _____
(Parent or Guardian)



University of South Alabama
Release from Liability for Youth Programs Sponsored by USA

To be completed by the participant's parent or guardian. The parent or guardian must sign in the presence of one (1) witness.

TO THE UNIVERSITY OF SOUTH ALABAMA:

I understand that my son/daughter, _____, has the opportunity to participate in
(Name)
 _____ (the "Program") to be held _____
(Program/Camp) (Dates)
 at the University of South Alabama (the "University").

I understand that travel to and from the Program is my responsibility, over which the University has no responsibility or control. Program staff will provide transportation for my child to and from the location of any off-campus field trips that are part of the programming. Program staff may also transport my child to and/or from facilities either on or off the University campus in the event of inclement weather or if program staff determines that such transportation is reasonably necessary for the safety of participants. Further, I understand that participation in the Program is voluntary, and I am aware of and agree to abide by the rules and regulations of the Program, the University, and field trip sites. I further agree to follow all applicable safety guidelines and ensure my child does the same. I understand that while the University has taken measures to prevent the spread of illness, the University cannot make any guarantees about the possibility of contracting illness during the Program. I acknowledge that I have had the opportunity to ask questions to my satisfaction regarding this Program and associated risks prior to signing this Release from Liability.

In consideration of the University permitting my child the opportunity to participate in this Program, I, in full recognition and appreciation of any and all risks, hazards, and dangers to which my child may be exposed that are inherent in participating in this Program and/or any field trips that are a part of the programming, do hereby agree to assume all of the risks and responsibilities surrounding my child's participation in this Program and any such field trips, including transportation to and from the Program and/or risks associated with exposure to illness. Further, I do for myself, my heirs, and personal representatives, agree to hold harmless and indemnify, release, and forever discharge the University, its trustees, officers, agents, servants, and employees from and against any and all claims, demands, and actions or causes of action on account of or resulting from my child's participation in this Program and/or any field trips that are a part of the programming. I further understand that the University, its trustees, officers, agents, servants, and employees assume and accept no liability for personal injury or loss of life, or damage to personal property.

I attest and verify that my child has no physical limitations that would prevent safe participation in this Program and/or any field trips that are a part of the programming and that my child is up to date on all immunizations required for school entry.

IN WITNESS WHEREOF, I have caused this Release to be executed on this ____ day of _____, 20____.

 Parent/Guardian Signature

 Witness

 Date

 Date

PHOTOGRAPHIC RELEASE

- I authorize the University to photograph, video, and/or audiotape my child for promotional use of the University.
- I **do not** authorize the University to photograph, video, and/or audiotape my child for promotional use of the University.

Signature of Parent/Guardian: _____ Date: _____

This form must be completed and signed to complete a program participant's registration and to be allowed to check in and participate in youth program activities.