



## Minor Participant Information & Waiver Form

*The information collected in this form is confidential and will only be shared in a medical emergency. Please complete all fields.*

### Attendee Information

Participant's Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### Emergency Contact Information

(Contact #1) Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
(Contact #2) Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

### Insurance Information

Health Insurance Company Name: \_\_\_\_\_  
Policy or Member ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
In whose name is the insurance listed: \_\_\_\_\_

### Medical Information

Is your child under medical treatment: Yes \_\_\_\_\_ No \_\_\_\_\_

List condition(s): \_\_\_\_\_

Please list any medications your child currently takes:

Prescription: \_\_\_\_\_

Over the counter: \_\_\_\_\_

Can your child self-medicate? \_\_\_\_\_

Please check pain reliever that may be given: Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Other \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any physical conditions and explain treatment:

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Please list any pre-existing conditions or medical concern(s) that would limit your child's participation:

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Medication Permission

\_\_\_\_\_ has brought/will bring the following medications with him/her. He/she has my permission (name of participant) to use and self-administer them. He/she may not share them with anyone else.

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

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

I, \_\_\_\_\_, am aware that I may NOT share any medications with other participants.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Treatment Authorization

In the event that medical treatment for my child is required, I authorize a representative of Southern New Hampshire University to take my child to be treated at a nearby hospital. I also understand that my insurance is primary if medical treatment is rendered.

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

Waiver/Release Information

I understand that participation by my child in the Southern New Hampshire University program named above involves a certain degree of risk. I also understand that participation in the Program is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving my child, I understand that effort will be made to contact me or the individual listed as the emergency contact person. In the event that neither I nor the emergency contact person can be reached, permission is hereby given to the medical provider selected by those in charge of the Program to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the supervisors of the Program, and/or any physician or health care provider involved in providing medical care to my child, including examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the me, and/or determination of my child's ability to continue in the Program activities.

I have carefully considered the risk involved and give consent for my child to participate in these activities. I approve the sharing of the information on this form with program administrators and professionals who need to know of medical situations that might require special consideration for the safety of my child.

In consideration for the permission granted by Southern New Hampshire University and \_\_\_\_\_ [insert name of camp/organization] for Minor to participate in this Event, on my behalf and on behalf of the Minor, and each of my and the Minor's heirs, executors, and administrators, I hereby waive and release any and all causes of action, claims, suits, damages, and judgments, in any form whatsoever, arising from or by reason of any and all known or unknown, foreseen or unforeseen bodily or personal injuries (including death) or property damage, resulting from the Minor's participation in the Event and related activities, against Southern New Hampshire University and \_\_\_\_\_ [insert name of camp/organization], and their employees, administrators, trustees, volunteers, and agents.

IN WITNESS WHEREOF, and intending to be legally bound, I have executed this document below.

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