

**TULANE UNIVERSITY YOUTH ATHLETIC CAMPS
CONSENT, RELEASE, INDEMNITY AND WAIVER OF LIABILITY FORM**

Waiver Information

I have enrolled my child, _____, in the Tulane University Youth Athletic Camps sponsored by Tulane University. I understand the children enrolled in this program will participate in various athletic activities, each of which involves a variety of physical exertions on the part of the children, as well as physical contact. I understand that injuries can and do occur from some of these activities and I am aware of such risk. I am not aware of any medical illnesses or restrictions that might prevent my child from participating in any of these activities, except: (if none, please enter "none")

My child has my permission to participate in all camp related field trips and activities, except: (if none, please enter "none")

I give my permission and consent to allow photographs to be taken of _____ during camp session activities. I further give consent that any such photographs may be published and used by Tulane University Youth Athletic Camps and the American Camping Association to illustrate and promote the camp experience.

I, _____, hereby give permission for the Tulane University Youth Athletic Camps athletic trainers to administer the following over-the-counter medications upon the prescription and direction of a physician. Dosages will be administered according to physician directions for the following:

Headache	Acetaminophen (i.e., Tylenol®)
Upset Stomach	Bismuth Subsalicylate (i.e., Pepto Bismol®)
Diarrhea	Loperamide (i.e., Imodium®)
Menstrual Cramps	Ibuprophen (i.e., Motrin®)
Poison Ivy	Calamine lotion or Hydrocortisone topical (i.e. CortAid®)

In the event of a medical emergency requiring more than basic first aid, I understand that all feasible attempts to contact me will be made. I also understand that in order to obtain the quickest medical treatment for my child, as standard practice, the Tulane University Police Department will be notified to provide assistance in the transportation arrangements to an emergency care facility. Rather than follow this procedure, I request that the following alternative plan be adopted for my child: (if none, please enter "none")

Medical Information:

Please select whether your child has one of the following conditions. If you select any, please list any details that we may need to know about the condition selected.

Illness

Asthma

Diabetes

Dizziness

Fears

Heart Murmurs

Seizures

Please enter any details you may have pertaining to the selected illnesses above, if any:

Please select which immunizations your child has had from the list below:

Immunization

Tetanus

Diphtheria

Polio

Measles

Chickenpox

Mumps

Please answer the following as best as you can.

Limitations on physical activity:

Is the child under treatment for any medical or emotional condition? (Please list any medications)

Please explain any other medications that the child is presently taking:

The next two questions are related to allergies.

Please list any **food** allergies:

Please list **all other** allergies: (medicine, plants, insects, etc.)

Release, Waiver, and Authorization for Medical Treatment

In consideration of my child's right to participate in this activity, I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes Tulane University, its officers, employees, agents, and volunteers (Releasees) from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, or while on premises owned or controlled by Releasees, including injuries sustained as a result of negligence of Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim, or injury caused by my child while participating in this activity, including travel to, from, and for the activity, or while on premises owned or controlled by Releasees.

I also give my permission for my child to receive any emergency medical treatment by a health care professional, including emergency medical transportation, which may be required for injuries sustained by child. I agree to indemnify and hold harmless Releasees for any costs incurred to treat my child, even if Releasee has signed hospital documentation promising to pay for treatment.

Parent/Guardian Signature: _____

Date: ____/____/____