

* Is Camper now under treatment for any medical or psychological condition? Yes No

If yes, please explain: _____

* Please list any routinely taken medications of which the Camp Staff should be aware.

* Does Camper have allergies to medications or other sensitivities? Yes No

If yes, please explain.

* Does Camper have any other special health care concerns of which the Camp Staff should be aware?

Yes No

I hereby grant permission to the staff of the Joe Cambron Basketball Camp or the Athletic Trainer of Milford High School to arrange for health care, emergency treatment or hospitalization at an accredited hospital or other medical, psychological or dental care facility when considered necessary by the staff of the Joe Cambron Basketball Camp or the Athletic Trainer of Milford High School. I also grant permission to the Athletic Trainer of Milford High School to render any health care or emergency treatment to my son/daughter/ward.

Date _____

Signature _____

Parent /Guardian

Please return to:

Joe Cambron Basketball Camp
Milford HS
1 Eagles Way
Milford, OH 45150