

2016 Penn State Clinic Medical Treatment Authorization

This form must be completed and returned before youth camp/program/event enrollment dates in order for youth to be permitted to participate in any camp activities.

Personal Information

Youth's Last Name _____ First Name _____ Birthdate _____ M F

Specify program your child will be attending: **Boys Lacrosse Free Clinic, January 24, 2016**

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Daytime Phone _____ Daytime Phone _____

Place of employment _____ Place of employment _____

Health Insurance Carrier _____ Policy Number _____

Plan Number _____ Is physician authorization needed? Yes No

Name of Family Physician _____ Phone _____

In case of emergency, please notify

If neither parent nor guardian is available in an emergency, please contact:

1. _____ Phone _____

2. _____ Phone _____

Health History [Please check and provide approximate dates that youth suffered from allergies and other conditions listed below]

Allergies

Hay Fever Bee/Wasp Stings Insect Stings Penicillin Peanut Other Food/Drugs: _____

Other

Asthma Diabetes Convulsions Concussion Behavioral/Emotional Other: _____

Date of most recent tetanus immunization: _____

Please list any **major** past illnesses (contagious and non-contagious): _____

Please list any **major** operations or serious injuries (include dates): _____

Has the youth ever been hospitalized? _____

Does the youth have any chronic or recurring illness? _____

Is there anything else in youth's health history that the program staff should know? _____

Are there any activities from which the youth should be restricted? _____

Are there any specific activities that should be encouraged? _____

Does the youth have any special dietary restrictions? NO Yes If YES, explain: _____

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? NO Yes If YES, explain: _____

Will the youth need to take any medication during the program? NO Yes

If YES, please list the specific prescription or over-the-counter medications, reasons for medication, and daily dosage. If any medications change prior to arriving at the program, please provide an updated list upon arrival.

Medication	Reason for Medication	Daily Dosage
1		
2		
3		
4		
5		

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Youth's Last Name: _____ First Name: _____ Birthdate M F

Head Injury

Penn State Sport Camps staff will manage head injuries, including suspected concussions, conservatively using the 'ABC' (A-Assess the situation, B-Be alert for signs and symptoms, C-Contact a health care professional) recommendation of the Centers for Disease Control and Prevention (CDC). This includes immediate removal of a camp participant from play upon sustaining a head injury and using appropriate field clinical techniques to screen a camp participant for typical signs and symptoms associated with a concussion. Upon presenting with any associated signs and symptoms of a concussion, the Sports Health Care staff will advise a parent/legal guardian/coach that the respective camp participant discontinue play immediately.

Penn State Sports Camps adheres to the notion that a licensed physician with training in managing traumatic brain injury will make the final recommendations and decision regarding returning a camp participant to play after a head injury with suspected concussion. Thus, Sports HealthCare personnel will NOT make such decisions.

Penn State Sport Camps advocates that parents/legal guardians, coaches/administrators and camp participants alike review the CDC 'Heads Up' concussion training online tutorial at <http://www.cdc.gov/concussion/headsup/training/headsupconcussion.html> BEFORE attending related events on campus. Sport Camps also mandates that parents/legal guardians, coaches/administrators and camp participants review the corresponding 'Heads Up' fact sheet for parents, coaches and athletes (camp participants) respectively.

- 'Heads Up' Fact Sheet for Parents http://www.cdc.gov/concussion/pdf/parents_Eng.pdf
- 'Heads Up' Fact Sheet for Coaches http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf
- 'Heads Up' Fact Sheet for Athletes http://www.cdc.gov/concussion/pdf/athletes_Eng.pdf

I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/dependent. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during the youth camp/program/event.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does charge for services and that it is my responsibility to pay the bill. As applicable, I am responsible to submit any claims to my health insurance company for reimbursement. I authorize The Pennsylvania State University to receive medical/billing information and submit it to the University's insurance carrier.

HIPAA

Penn State honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this computer link to the University Health Services Notice of Privacy Practices.

<http://studentaffairs.psu.edu/health/welcome/confidentiality/noticeOfPrivacyPractices.shtml>

I understand that, unless specifically stated otherwise in the Penn State youth camp/program/event literature, The Pennsylvania State University does not provide medical insurance to cover emergency care or medical treatment of my child.

RELEASE OF LIABILITY AND MEDIA PERMISSION

I, the undersigned, as a parent/guardian of the above identified youth, a minor, ask that he/she be admitted to participate in this youth program sponsored by The Pennsylvania State University. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or residence in University housing, or in the course of competition and/or activities held in connection with the sport camp.

Additionally, I authorize this Penn State Youth Program to photograph, videotape, and/or audiotape my child in promotion of this University's youth program.

In accordance with NCAA guidelines, all Penn State University Sport Camps and Clinics are open to any and all entrants, limited only by specified number, age, grade level and/or gender of its participant.

Parent's/ legal guardian's name (please print)

Signature

Date: _____

* Terms and Conditions agreed to via electronic signature