

# Lake Superior State University Athletics

## Participant Consent to Treat, Release of Liability, Insurance Information, and Health History Form

Camp Name: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

### Student Information (Please Print)

☐ Male ☐ Female

Student's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ School Name: \_\_\_\_\_

### Parent/Guardian Information

Each Parent/Guardian must fill out the following information.

Guardian's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Guardian's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Guardian's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Guardian's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

### Alternate Emergency Contacts

Please list the names and contact information below for two (2) individuals we may contact in the event the parents/guardians listed above cannot be reached. This information is mandatory.

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

### Release of Student

No student shall be released without permission of the program director and without completion of the release below. For safety reasons, the student will not be released to unauthorized individuals. In case of emergency, \_\_\_\_\_ may be released to the following people:

Full Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Student and Parental Consent

As a student participating in a Lake Superior State University Athletics Camp, \_\_\_\_\_ agrees that Lake Superior State University and/or its staff, coaches, athletic trainers, and employees will not be held responsible for any accidents or loss of personal property, however caused, and agrees to release the University from all claims or damages which may arise as a result of such accidents or loss. It is further agreed that all risks attendant to watching and/or participating in the Lake Superior State University Athletics Camp are assumed by the student and his/her parents or guardians and that this assumption is acknowledged, approved by their signature hereto. EACH STUDENT SHOULD UNDERSTAND THAT THERE ARE INHERENT RISKS ASSOCIATED WITH PARTICIPATION IN AN ATHLETIC CAMP. These risks include, but are not limited to, concussions, lacerations, sprains, strains, fractures, dislocations, subluxations, avulsions, infectious disease, paralysis, and death. The Lake Superior State University Athletics Camp program reserves the right to use any pictures taken during the program for advertising and/or instructional purposes. I/we have read the foregoing, have explained its meaning to our son/daughter or ward, and understand and approve of consent to the terms and conditions stated.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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

# Lake Superior State University Athletics

## Health History

Please circle the medical problems that student has had or is currently experiencing:

Asthma      Back Problems      Epilepsy      Allergies      High Blood Pressure      Concussion  
Dislocations      Joint Problems      Heart Problems      Diabetes      Other: \_\_\_\_\_

For any conditions checked above, please describe symptoms/conditions, how often they occur, how long they last, and how you take care of them.

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Does the student currently have any infectious diseases? If so, explain.

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Does the student have any limiting physical or health disabilities or handicaps (temporary or permanent) that the student or the doctor feels would limit the participation in this program? If so, explain.

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Please explain in detail any additional information on any behavioral or emotional limitations that the student might have.

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Name of Student's Doctor: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date and location of the student's last physical exam:

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Does the student have any food allergies or dietary requirements?

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Are all immunizations up to date? ☐ Yes      ☐ No

Date of last tetanus shot: \_\_\_\_\_

## Medications

List all medications currently used. If additional space is needed, please photocopy this part of the health form. Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only. Medications can be turned in at registration and will be distributed as directed by the Head Athletic Trainer for the program.

|  |  |  |
|--|--|--|
| Medication: _____<br>Strength: _____ Frequency: _____<br>Approx. Date Started: _____<br>Reason for Medication: _____<br>Add'l Instructions: _____<br>Parent Signature<br><input type="checkbox"/> Temporary <input type="checkbox"/> Permanent | Medication: _____<br>Strength: _____ Frequency: _____<br>Approx. Date Started: _____<br>Reason for Medication: _____<br>Add'l Instructions: _____<br>Parent Signature<br><input type="checkbox"/> Temporary <input type="checkbox"/> Permanent | Medication: _____<br>Strength: _____ Frequency: _____<br>Approx. Date Started: _____<br>Reason for Medication: _____<br>Add'l Instructions: _____<br>Parent Signature<br><input type="checkbox"/> Temporary <input type="checkbox"/> Permanent |
|--|--|--|

I understand that:

1. Prescription medications must be taken according to my doctor's or pharmacist's instruction;
2. It is never appropriate to allow other people to take my prescription drugs and that doing so will result in expulsion from summer camp and/or referral to police and other authorities;
3. If my prescription is required for serious allergies (i.e. inhalers, Epi-Pens), I should carry these items with me at all times; and
4. I must self-monitor and take my medications appropriately.

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Note: Parents are responsible for insuring that students have enough of any necessary medication to get through the camp. Please do not send extra unless it will be needed.

# Lake Superior State University Athletics

## Treatment Authorization

I hereby authorize Lake Superior State University to obtain medical treatment and/or care deemed necessary by the staff for the health and well-being of the Student during the term of his/her participation in the Lake Superior State University Athletics camp program. This includes the consent to obtain and have administered any emergency medical or surgical treatment recommended by a physician licensed to practice medicine.

\_\_\_\_\_  
Student Signature                      Parent/Guardian Signature                      Date

I do hereby authorize Lake Superior State University to give my child/ward the following as needed:

☐ Tylenol            ☐ Ibuprofen            ☐ Pepto Bismol            ☐ Benadryl            ☐ None            ☐ Other \_\_\_\_\_

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

In the case of illness and/or injury, permission is granted for medical treatment to be rendered to my child/ward. I understand that I will be notified in case of serious illness. All medical bills incurred by the Student will be the responsibility of the parent/guardian. My child/ward is medically fit to participate in the Lake Superior State University athletic camp program.

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

## Health Insurance Information

Do you have health insurance? ☐ Yes            ☐ No

***If yes, please provide the name and address of your insurance policy.***

Insurance Policy Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy, Plan, and/or Group Numbers: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Policyholder's Address: \_\_\_\_\_

Policyholder's Employer and Employer Address: \_\_\_\_\_

Policyholder's Work Phone Number (\_\_\_\_) \_\_\_\_\_

If you have HMO, HIS, or PHP insurance, please list emergency phone number for treatment authorization purposes: \_\_\_\_\_

***If no, you must read and agree to the following acknowledgement of risk statement. Your signature on this form indicates your consent.***

I have no health insurance. I understand the risk, and I take responsibility for any injury my child may receive. I assume responsibility for all costs incurred.

## Participant Behavior Agreement

Lake Superior State University Athletics summer camp program reserves the right to terminate the stay of any Student when it is deemed to be in the best interest of either the Student or the program as determined by the University and its staff. The University and program staff expressly reserves the exclusive right to establish and determine the standards of conduct, behavior, and performance of the participants engaging in the program and to require compliance with such standards as a condition of participation in the program. Students who do not follow these rules, or engage in dangerous or inappropriate behavior, will be expelled from the program at their own cost. Examples of inappropriate behavior include, but are not limited to, such things that cause disruptions at camp, the use of profane language, and the repeated violation of minor rules. This is not a complete list. If you have any further questions about what behaviors are unacceptable, please contact the Camp Director. The University requires that you read these regulations with your parent/guardian. Your signatures indicate that you understand and accept them as part of your participation in the Lake Superior State University Athletics summer camp program.

\_\_\_\_\_  
Student Signature                      Parent/Guardian Signature

## Concussion Information

Parents/guardians and the student should read the concussion information on page 5. At the start of the first camp session, all participating students will watch an informational presentation on concussions and recognizing concussion symptoms in themselves and others.

# Lake Superior State University Athletics

## Indemnification Agreement

THE UNDERSIGNED PARENT/GUARDIAN further agrees to defend, indemnify, and hold harmless, Lake Superior State University, its officers, agents, employees, and volunteers from all loss, cost and expense arising out of any liability or claim of liability for bodily injury, personal injury, property damage, or wrongful death, sustained or claimed to have been sustained, arising from my child's participation in Lake Superior State University's Athletics Camp.

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Parent/Guardian Signature

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Date

# Lake Superior State University Athletics

Educational Material for Parents and Students (Content Meets MDCH Requirements)

## UNDERSTANDING CONCUSSIONS

### Some Common Symptoms

|                      |                      |                      |                    |                     |
|----------------------|----------------------|----------------------|--------------------|---------------------|
| Headache             | Balance Problems     | Sensitivity to Noise | Poor Concentration | Not "Feeling Right" |
| Pressure in the Head | Double Vision        | Sluggishness         | Memory Problems    | Feeling Irritable   |
| Nausea/Vomiting      | Blurry Vision        | Haziness             | Confusion          | Slow Reaction Time  |
| Dizziness            | Sensitivity to Light | Fogginess            | "Feeling Down"     | Sleep Problems      |
| Grogginess           |                      |                      |                    |                     |

### WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by shaking, spinning, or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You cannot see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care provider says they are okay to return to play.

### IF YOU SUSPECT A CONCUSSION:

1. **SEEK MEDICAL ATTENTION RIGHT AWAY.** A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
2. **KEEP YOUR STUDENT OUT OF PLAY.** Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
3. **TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSIONS.** Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

### SIGNS OBSERVED BY PARENTS/GUARDIANS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body he/she exhibits any of the following symptoms:

- \* Appears dazed or stunned
- \* Can't recall events prior to or after a hit or fall
- \* Answers questions slowly
- \* Is confused about assignment or position
- \* Is unsure of game, score, or opponent
- \* Loses consciousness (even briefly)
- \* Forgets an instruction
- \* Moves clumsily
- \* Slows mood, behavior, or personality changes

### CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body he/she exhibits any of the following symptoms:

- \* One pupil larger than the other
- \* Repeated vomiting or nausea
- \* Becomes increasingly confused, restless, or agitated
- \* Is drowsy or cannot be awakened
- \* Slurred speech
- \* Has unusual behavior
- \* A headache that gets worse
- \* Convulsions or seizures
- \* Loses consciousness (even a brief loss of consciousness should be taken seriously)
- \* Weakness, numbness, or decreased coordination
- \* Cannot recognize people/places

### HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow or jolt to the head or body, he/she should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rest breaks, be given extra help and time, spend less time reading, writing, or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer. To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

# Lake Superior State University Athletics

## SUMMER CAMP TRANSPORTATION FORM

☐ I will be picking up my child/ward from camp at the end of each day.

☐ I give permission for the following individuals to pick up my child from camp:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

☐ My child/ward will be checking his/herself in each morning because he/she is walking to camp:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

☐ My child/ward will be driving to camp.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Permission for Transport for All Summer Camp Participants

I hereby give permission for \_\_\_\_\_ as a participant in the Lake Superior State University Athletics camp program, to travel to and from any/all destinations for the entire duration of the summer camp by the LSSU camp staff.

I understand that the driver and Lake Superior State University are not responsible for any injury or damages which may be incurred on said trip, and in consideration for providing transportation, I agree to hold Lake Superior State University, as well as the driving and owners of the vehicles transporting the Student, harmless from claims for injury and damages occurring during said trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date