

**Brian Beaury Basketball Camp 2016  
MEDICAL / CONSENT FORM**

Campers Name \_\_\_\_\_  
Parent/ Guardian Name \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Existing Medical History \_\_\_\_\_

\_\_\_\_\_

Allergic Reactions \_\_\_\_\_

\_\_\_\_\_

Present Medication \_\_\_\_\_

Date of last Tetanus \_\_\_\_\_

First MMR \_\_\_\_\_ Last MMR \_\_\_\_\_

Polio Vaccination \_\_\_\_\_ Last DTP \_\_\_\_\_

**INSURANCE INFORMATION**

Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Carrier Number \_\_\_\_\_

**MEDICAL RELEASE**

Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, herniations, lacerations, concussions, and even death. In the event of an injury, I authorize the athletic trainer, nurses, doctors, and emergency personnel to administer first aid or care as deemed necessary. I hereby release The Brian Beaury Basketball Camp, The College of Saint Rose, it's staff, officers, agents, representatives, employees, successors, and assigns of and from any and all claims for damages to person or property, or while my child is engaged in activities, or while at camp sites.

\_\_\_\_\_

Parent/ Guardian Signature Date

This form is required for registration. It is not necessary to have a doctor's appointment.

This information should be available from your child's school physical.  
Brian Beaury Basketball Camp, 432 Western Ave, Albany, New York,  
12203

(518) 458-5495 or (518) 458-5490 or beauryb@strose.edu.