

**MEDICAL INFORMATION AND WAIVER**  
**For Salem's Summer Sports Camp**  
**(a doctor's physical is NOT necessary to complete this form.)**

Each camper must be immunized against the following:  
Polio, measles, rubella, diphtheria, whooping cough, tetanus. Please circle "yes" or "no."

YES                      NO

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

Regular Medications Taken	Reasons for Taking

Circle any allergies that the camper has:

Bee stings                      Penicillin                      Other

If other, please list: \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Treatment given: \_\_\_\_\_

**List any specific activities to be restricted or any physical or mental limitations we should be aware of:**

_____
_____

**SALEM ACADEMY & COLLEGE  
SUMMER SPORTS CAMP**

**RELEASE FROM LIABILITY**

Name of Guardian with Insurance: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

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

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

*I \_\_\_\_\_, (guardian's name) hereby grant permission for \_\_\_\_\_ (camper's name) to attend Salem's Summer Sports Camp. I hereby release and hold harmless SALEM ACADEMY AND COLLEGE and its directors, staff, and employees from any claims, demands, costs, expenses or liability incurred as a result of injury sustained in association with participation in the Summer Sports Camp at Salem Academy and College. Additionally, I release and hold harmless SALEM from any liability should I or, \_\_\_\_\_ (camper's name) sustain any personal injury caused by the ordinary negligence of SALEM and its directors, staff, and employees. I authorize Lorie Howard or a member of the Salem Sports Camp to seek and have medical aide administered to the above camper should the need arise. I also affirm that the medical information on this form is both complete and correct. I understand that all payments are non-refundable and non-transferable. I also agree that any pictures taken of my child while at camp may be used in any publication for Salem's Summer Sports Camp.*

Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_