

Health History / Emergency Medical Authorization **Date** _____

Camper Last Name _____ First Name _____

Physician _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Dentist _____ Phone _____

Medical Insurance Carrier _____ Policy or Group # _____

Emergency Hospital Preference _____

Has the child ever had or been subject to (circle Y or N):

Y N Frequent Ear Infections Y N Heart Trouble Y N Diagnosed with ADD/ADHD

Y N Asthma Y N Epilepsy Y N Learning Disabilities

Y N Diabetes Y N Allergies

My Child will need to have and Inhaler and/or Epi-Pen while at camp: ____ Inhaler ____ Epi-Pen

If you answered yes to any of the above questions explain here:

Date of last Physical (required) _____

Medications to be given at camp _____ Dose _____ Time _____

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→ Authorization to dispense medications (Parent's Signature) _____

→ I authorize 360 Gymnastics and/or Immensely 360 Staff to apply sunscreen to my child as needed.
(Initial) _____

PLEASE NOTE:

If your child requires medication during the camp, please deliver the amount needed for the day or week in the original bottle at same time as check-in accompanied with written authorization to administer medication signed by the Parent or Guardian (if different from the medication listed above).

AUTHORIZATION FOR MEDICAL EMERGENCY MEDICAL CARE

This health history form is correct so far as I know, and the person herein described has the permission to engage in all prescribed camp activities. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photographed for trips out of camp.

WAIVER

I give the above named child(ren) permission to participate in the programs at 360 Enterprises LLC. The undersigned agrees to defend, indemnify, and hold harmless 360 Enterprises, its officers, managers, members, employees, servants, agents and coaches/instructors and their successors and assigns from and against all legal liability, claims, suits, damages, losses, and expenses, including attorneys' fees, threatened or incurred, and arising from the child's participation, or from any cause whatsoever. I fully realize that activities at 360 Enterprises can be dangerous and could result in a serious injury or possibly death and freely assume that risk. In the event of an emergency, I give permission for 360 Enterprises to give my child first aid and arrange for transportation to a hospital and receive emergency medical treatment. I will assume all costs for the medical care and transportation. If for any reason I enter the gym and am injured or damages result, I waive and release 360 Enterprises LLC from any claims, suits, damages, losses and expenses, including attorney's fees. Please list below any current or previous accident, illnesses, or physical limitations that could impact, stop, or prevent your child from participating in 360 Enterprises program(s).

Signature of Parent or Guardian

Date