

**BOSTON COLLEGE CLINIC WAIVER**



The named camper \_\_\_\_\_ has my permission to participate in the camp program. In case of an emergency, I understand that every attempt will be made to contact the emergency contact listed below. If contact is unsuccessful, I give permission to the attending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury is the responsibility of the person signing below. The Health History provided is correct to the best of my knowledge, and the child described herein has permission to engage in all prescribed program activities except as noted by the examining physician and me. I hereby authorize the staff of Boston College to provide care that includes routine diagnostic procedures (i.e. x-rays, blood and urine test) and medical treatment as necessary to my minor son/daughter \_\_\_\_\_. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the camp/clinic.

Please list physical conditions that the clinician should be aware of (allergies, recurring illnesses, injuries, disabilities, chronic illnesses.)

Date of most recent tetanus immunization: \_\_\_\_\_

(If more than 10 years ago, a shot is recommended.)

Accident insurance for the 2018 Boston College Clinic is provided by Boston College on an excess basis. All registrants must have their own primary medical insurance. Any medical costs and expenses will be the primary responsibility of the parent or guardian's medical coverage.

I, the undersigned parent and/or legal guardian of the participant listed above, do hereby consent to this or her participation in the program identified above. I, as the parent of the participant and on behalf of the participant, release, hold harmless and agree to indemnify Trustees of Boston College and each of their respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury to person or property which I or the participant may suffer, or for which the Participant may be liable to any other person, related to their participation in the program (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

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

Insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_