

**SCREENING EXAM FOR ATHLETIC PARTICIPATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
KNOWN ALLERGIES \_\_\_\_\_  
DATE OF LAST TETNUS BOOSTER SHOT \_\_\_\_\_  
CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS),  
SUPPLEMENTS \_\_\_\_\_

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MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

- |  |   |
|--|---|
| <input type="checkbox"/> Ongoing or chronic illness  | <input type="checkbox"/> Surgery                                |
| <input type="checkbox"/> Hospitalized overnight  | <input type="checkbox"/> Passed out or dizziness after exercise |
| <input type="checkbox"/> Chest pain during exercise  | <input type="checkbox"/> Heart murmur                           |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Seizures                               |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Concussion or loss of consciousness    |
| <input type="checkbox"/> Cough, wheezing, or trouble after or during exercise                              |   |
| <input type="checkbox"/> Racing of your heart or skipped heartbeats  |   |
| <input type="checkbox"/> Family member or relative who died of heart disease or sudden death before age 50 |   |
| <input type="checkbox"/> Problems with eyes (decreased vision, eyeglasses, contact lenses)                 |   |
| <input type="checkbox"/> Orthopedic injuries (sprains, fractures, ligament damage). Please describe:       |   |

FEMALES ONLY: Have you begun menstruation? \_\_\_\_\_  
Frequency of menses \_\_\_\_\_ Length of menses \_\_\_\_\_

I certify that the above information is complete and correct.

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

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PHYSICAL EXAM BP \_\_\_\_\_ PULSE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

Please check if ABNORMAL and explain at bottom of page:

- |  |   |
|--|---|
| <input type="checkbox"/> Eyes/ears/nose/throat | <input type="checkbox"/> Neck                 |
| <input type="checkbox"/> Lymph nodes           | <input type="checkbox"/> Back                 |
| <input type="checkbox"/> Heart                 | <input type="checkbox"/> Shoulder/upper arm   |
| <input type="checkbox"/> Pulses                | <input type="checkbox"/> Elbow/forearm        |
| <input type="checkbox"/> Lungs                 | <input type="checkbox"/> Wrist/forearm        |
| <input type="checkbox"/> Abdomen               | <input type="checkbox"/> Hip/upper leg        |
| <input type="checkbox"/> Genitalia/hernia      | <input type="checkbox"/> Knee                 |
| <input type="checkbox"/> Skin                  | <input type="checkbox"/> Lower leg/ankle/foot |

EXPLANATION OF ABNORMALS: \_\_\_\_\_

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Cleared for all athletic activities  
 Not cleared for all athletic activities  
Reason \_\_\_\_\_  
Restrictions/Recommendations: \_\_\_\_\_

Signature of Examiner: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of Examiner \_\_\_\_\_  
Address of Examiner \_\_\_\_\_

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This exam must be conducted within one year prior to the start of the camp.

## CONSENT FOR MEDICATION ADMINISTRATION

**To The Parent(s) or Legal Guardian:**

If your child is under the age of 18, the Jayhawk Swim Camp requires your consent for medication administration or for your child's use of medical devices. The medication or medical device can be self-administered or be administered by CAMP administrators.

All medications must be in the original or separate medicine bottles and labeled with the camper's name. Prescription medication(s) must also include on the label the doctor's name and phone number, the medication name, and the dosage.

**Please complete the information below:**

\_\_\_\_\_ No medication has been brought to camp.

\_\_\_\_\_ Yes, non-prescription/over the counter medications are being brought to camp. Non-prescription/over the counter medication can be self-administered (age 14 and above only). Please indicate the name of the medication(s), dosage, and reason for taking the medication:

\_\_\_\_\_  
\_\_\_\_\_

If camper is 14 or above and is **not** allowed to self-administer non-prescription/over the counter medication, sign here:

\_\_\_\_\_

\_\_\_\_\_ Yes, prescription medication(s) and/or medical devise(s) are brought to camp.

\_\_\_\_\_  
Name of medication

\_\_\_\_\_  
Prescribing doctor

\_\_\_\_\_  
Doctor phone number

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
How is it taken

\_\_\_\_\_  
Time, days to be taken

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Yes, my child is over 14 and has my permission to self-administer the prescription medication.

\_\_\_\_\_ Yes, a limited amount of medication for life threatening conditions may be carried by my child (age 13 and under)

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

**The following is a list of things to bring to camp:**

**Linens-all bedding (sheets, pillowcases, blankets, etc.) and, if you have a favorite pillow, please feel free to bring yours**

- Suits, caps, goggles
- Towels (at least three) shampoo and soap
- Casual clothes (shorts and warm-ups) & **TENNIS SHOES**
- Spending money (each counselor will be in charge of his or her group's bank)

\*I suggest you bring change and small bills for telephone and vending machines in an envelope with your name on it. You will also need money for any other snacks you wish to purchase.

- Evening activities may necessitate a light jacket
- Raincoat (for walk to pool in inclement weather)

The meal schedule will start with Breakfast on Tuesday morning and will end after Breakfast on Saturday. Meals will be served in the Naismith Hall Cafeteria.

## JAYHAWK SWIM CAMP Pick up Authorization

The following people are authorized to pick up my child from Jayhawk SWIM CAMP . I understand that my child will be allowed to leave with these individuals only. Photo identification may be required at sign out (please include yourself).

Authorized person's name	Relationship to child	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of persons NOT allowed to pick up child (appropriate custody papers must be attached if a parent is not allowed to pick up the child):

_____	_____	_____
_____	_____	_____

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

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## Drivers' Authorization

I hereby certify that my child, \_\_\_\_\_, has my permission to drive to and from JAYHAWK SWIM CAMP and that he/she has a valid drivers' license.

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

**RELEASE AND WAIVER OF LIABILITY**

**As the parent or legal guardian of \_\_\_\_\_** (camper name – please print), I give my consent for him/her to participate in the camp program conducted and/or sponsored by the University of Kansas & KU Athletics, Inc., specifically, Jayhawk Swim Camp (Director, Clark Campbell). I understand that participation in this camp and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child’s participating in the camp.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the camp and while traveling to and from the site for the camp.

I further acknowledge and authorize the employees or agents of the University of Kansas Jayhawk Swim Camp, Kansas Athletics, or the University of Kansas to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child’s treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child’s participation in the camp program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, the coaches and support staff of the Kansas Swimming program, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney’s fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
date

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

Parent/Guardian Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

INSURANCE INFORMATION  
(parent/guardian please fill out)

SUBSCRIBER: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_  
SUBSCRIBER'S DATE OF BIRTH \_\_\_\_\_ SUBSCRIBER'S EMPLOYER: \_\_\_\_\_  
NAME OF INSURANCE COMPANY: \_\_\_\_\_  
CLAIMS MAILING ADDRESS: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**PHOTO RELEASE**

I GIVE MY PERMISSION AND MY CONSENT TO ALLOW PHOTOGRAPHS TO BE  
TAKEN DURING CAMP SESSIONS ACTIVITIES OF \_\_\_\_\_

Participant's Name

I FURTHER GIVE MY PERMISSION AND MY CONSENT FOR ANY SUCH  
PHOTOGRAPHS TO BE PUBLISHED AND USED BY **THE JAYHAWK SWIM CAMP**  
FOR PROMOTIONAL USE AND TO ILLUSTRATE AND TO PROMOTE THE CAMP  
EXPERIENCE AND CAMP PROGRAMS.

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

Directions (from I-70 and Highway 10) to Naismith Hall (camp check-in)

For those of you entering Lawrence via I-70,

1. Take the West Exit.
2. Go straight ahead (South), this will become Iowa Street
3. Stay on Iowa Street to 19<sup>th</sup> (Stop light intersection)
4. Go east on 19<sup>th</sup> Street
5. Turn left (north) on Naismith Drive
6. Turn right (east) on 18<sup>th</sup> Street
7. Turn right (south) into Naismith Hall Parking Lot
8. For Mapquesters:  
Naismith Hall  
1800 Naismith Rd.  
Lawrence, KS 66045

For those of you entering Lawrence via Highway 10

1. Highway 10 becomes 23<sup>rd</sup> street
2. Take 23<sup>rd</sup> street to Naismith Drive
3. Turn Right (North) onto Naismith Drive
4. Follow steps 6-8 above