

**VI. Appendix C - Emergency Information and Physician's Permission for Camper Participation**

*To be Completed by Camper or Camper's Parent/Guardian:*

Camper Name: \_\_\_\_\_

Camper Age: \_\_\_\_\_

Camper's Grade: \_\_\_\_\_

Camper's Home Phone: \_\_\_\_\_

Camper's Cell Phone: \_\_\_\_\_

Camper's Email Address: \_\_\_\_\_

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

Home City, State, and Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone and Email: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

***\*\*Please attach a photocopy of the front and back of your insurance card.***

*To be Completed by Camper's Primary Physician:*

Date of Last Physical Examination for this Patient: \_\_\_\_\_

Concerns about This Patient's Health of which the Camp should be Mindful:

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

Do you have any reservations about allowing this Camper to participate in this athletic camp on the campus of the University of North Carolina at Chapel Hill, understanding that this camp may include vigorous physical activity?

YES

NO

By signing below, you hereby declare this Patient fit for participation in this Camp.

Physician Name: \_\_\_\_\_

Physician Office Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

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