

Coach Jacobs Volleyball Camp

Medical Release Form

We must receive this completed form one (1) week prior to the start of camp. You may email venessa_jacobs@subr.edu or mail to the Coach Jacobs Volleyball Camp.

To Parents: In order for your son or daughter to receive medical care in the event of illness or injury while participating in the Coach Jacobs Volleyball Camp, please provide the following information:

Insurance Company & Policy Number: _____

Name of Person Insured: _____

Place of Employment: _____

Family Physician: _____

Address _____ City _____

State _____ Zip _____ Telephone _____ Fax _____

List any medical, psychological, or emotional condition for which your child is being treated at the present time

List all medications she or he is currently taking: _____

List all medications to which your son or daughter is allergic: _____

Medical Treatment Consent and Liability Release:

I, parent/guardian, do hereby grant permission for my son/daughter to receive necessary medical treatment in the event of an injury or illness while attending the Coach Jacobs Volleyball Camp hosted at Southern University and A&M College. I except responsibility for full payment of any and all medical treatment. I hereby voluntarily and knowingly waive my right to assert any claim against the volunteers, workers, including Student Health Service, Southern University, and their representatives, assistant coaching staff and Venessa Jacobs of the Coach Jacobs volleyball camp. Therefore releasing and holding harmless from any and all claims, demands, causes of action, expense and the exercise of this authority. I hereby confirm that I have carefully read and completed the above information regarding my child. With informed consent, I fully understand the implication of submitting the 2019 Medical Form for the Coach Jacobs Volleyball Camp.

Parent/Guardian Signature _____ Date: _____