~QUESTIONS?

Email: CampPineapple@ucf.edu

Office Phone: 407.903.8275 Fax Number: 407.903.8141

hospitality.ucf.edu\camppineapple

UCF Rosen College Camp Pineapple

Medical Form

This medical form should correspond to the Camp Pineapple application with the same Parent 1/ Guardian 1 information. This medical form needs to be completed and received no later than May 1st, 2019. Please attach **a copy of the camper's insurance card**. Participation in UCF Rosen College Camp Pineapple is NOT allowed without this form. Please print neatly.

CAMPER NAME:

PARENT 1 / GUARDIAN NAME:

PARENT 1 / GUARDIAN EMAIL:

PARENT/GUARDIAN **PRIMARY** PHONE:

PARENT/ GUARDIAN **SECONDARY** PHONE

PHYSICIAN'S NAME:

PHYSICIAN'S PHONE:

INSURANCE'S NAME:

POLICY NUMBER:

Per medical advice, we will be collecting all medication from the campers. Campers will come up to a counselor and the counselor will give them their medication to take. Once the camper is finished taking their medication the counselor will collect it from them. This is for the safety of your camper and other campers.

*****Please attach a copy of camper's insurance card, Front and Back*****

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PRE-EXISTING MEDICAL CONDITION(S). PLEASE INCLUDE ANY CONDITIONS OR DISABILITIES THAT AFFECT THE CAMPER'S ABILITY TO PARTICIPATE IN THE UCF ROSEN CAMP PINEAPPLE:

NAME OF MEDICATION(S):

DOSAGE OF MEDICATION(S):

TIME/DAYS MEDICATION(S) SHOULD BE TAKEN:

COMMENTS:

I understand that UCF does not supply health insurance for campers participating in the Camp Pineapple and it is my responsibility as parent/guardian to provide appropriate health insurance authorized for use in the State of Florida or incur any expenses resulting from illness or injury.

I hereby authorize my son/daughter, _____, to take full responsibility of his/her medication, and to administer it to himself/herself. I have discussed with my child what the medication treats, how to take the medication, when to take the medication, and other vital information about the medication. I realize that Camp Pineapple is not responsible for checking up on whether or not he/she has taken his/her dosage. I also understand that my child may be dismissed, at UCF's sole discretion, without warning if he/she is caught sharing prescription medication with others.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS for any and all purposes the University of Central Florida (including but not limited to Rosen College of Hospitality Management), the Board of Trustees of the University of Central Florida, the State of Florida, the Florida Board of Education, the Florida Board of Governors, and their employees, officers, agents, servants, volunteers and students and all organizations involved in the coordination, hosting, and staffing of and contribution of equipment and supplies to the conference/workshop, and also their agents, servants, and employees (with all of the above collectively referred to as RELEASEES), FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, DAMAGES, ACTIONS, JUDGMENTS, EXPENSES (INCLUDING FEES AND COSTS), CAUSES OF ACTION OR INJURY, INCLUDING DEATH that may be sustained by my child due to my child administering his/her own medication or my child's failure to do so, while at UCF Rosen Camp Pineapple or otherwise and/or whether caused by RELEASEES' negligence or otherwise.

Print Parent/Guardian Name_____

Parent/Guardian Signature _____

Date _____

Parent/Guardian Cell Phone: _____

Camper Cell Phone (if applicable): _____

This form can be submitted by email, fax, or by mail.

Print, sign (e-signatures will NOT be accepted), scan and **email** to camppineapple@ucf.edu with Camper First Name Camper Last Name in the subject line.

Print, sign (e-signatures will NOT be accepted), and **fax** to 407-903-8141

Print, sign (e-signatures will NOT be accepted), and **mail** to: Camp Pineapple, 9907 Universal Blvd, Orlando, FL 32819