



# FJM Clinics Health Form and Conduct Agreement

*Bring completed form to clinic check in.*

## Participant Health Form

Name \_\_\_\_\_ Clinic Location \_\_\_\_\_ Clinic Date \_\_\_\_\_

SCHOOL/GROUP \_\_\_\_\_

This form is to be completed by parent or guardian. It is not necessary to have student examined by a family physician. Please bring the completed health form to registration at the clinic site.

NAME: LAST, FIRST, MIDDLE \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE NOTIFY: \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHYSICIAN PHONE \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ POLICY/GROUP # \_\_\_\_\_  
(please enclose copy of insurance card if possible)

**Please list any allergies or conditions that our staff should be aware of, that could restrict camp activities, or should otherwise be known to those supervising the clinic:**

### CONSENT FORM/RESPONSIBILITY CLAUSE

To my knowledge, all of above is correct and my child is of good health as of (date) \_\_\_\_\_. I understand that in an event of a medical emergency, every effort will be made to contact the parent/guardian of the student. If I cannot be reached, I hereby give my permission to the physician selected by the Clinic Administrator to: Hospitalize; secure proper treatment for injections, anesthesia or surgery for my child as named above.

I also understand that FJM Clinics, its directors, agents and employees shall not be nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this FJM Clinic event.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

## Participant Conduct Agreement

I have read and acknowledge the terms and conditions of participation at FJM Summer Clinics. I understand that I may be asked to leave the camp should my actions and behavior not comply with these terms.

I also have read, understand, and agree to the key agreement for resident participants (found at [www.fjmclinics.com](http://www.fjmclinics.com) under FAQ and on our General Information document under FORMS AND DOWNLOADS).

Student/participant signature: \_\_\_\_\_ date: \_\_\_\_\_

Parent/guardian signature (for participants under 18) \_\_\_\_\_ date: \_\_\_\_\_