

SFA International Rome Fencing Camp

Sonoma County, California • April 12th – April 21st, 2008

Medical and Insurance Information

Name of fencer: _____

Date of birth: _____

Insurance carrier: _____

Policy number: _____

Address of carrier: _____

Name of policy holder: _____

Consent for Emergency Medical Care (To be completed by parent or legal guardian for fencers under the age of 18 years.)

I, _____ give the Sonoma Fencing Academy and any of that organizations designated staff permission to seek medical assistance and to give consent in my absence for emergency medical treatment for my son/daughter,

_____.

Signed: _____

Date: _____

Relationship: _____

Information requested below is for use in the event of a medical emergency only.

1. Do you have a primary care physician? Please give name, address, and phone number.
2. Do you have any chronic health problems or conditions? Please list.
3. Do you have any breathing problems (asthma, hay fever, etc.) or heart problems?
4. Do you take any prescription medications? Please list by name, dosage, and frequency.
5. Are you allergic to any medications? Please list.

Waiver of Liability

(Parents, please fill out for minors)

I, (print name) _____ do
hereby release the Sonoma Fencing Academy and the staff of the International Fencing
Camp from any liability resulting from injury, accidents, or any other mishap which might
befall (print name of participant) _____
while traveling to, traveling home, or participating in the International Fencing Camp.

Signature: _____

Date: _____