



Stony Brook University

Clinic Authorization Form

Name of Clinic: _____

Dates of Clinic Attending: _____

Personal Information

Name of Child: _____ Sex: M F Birthdate: _____

Parent/Guardian Name: _____ Cell Phone Number: _____

Family Physician: _____ Phone Number : _____

Name of Person to contact in an emergency: _____ Relation to camper: _____

Emergency Phone Numbers: Cell _____ Work: _____ Home: _____

Authorization for Medical Care

I hereby authorize a Staff member from Stony Brook University Athletics Department to be responsible for my son/daughter, _____, for the purpose of medical attention. I also grant permission for an emergency physician to examine and treat, hospitalize or secure treatment for my child in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____

Medical History

Is child in good health: Yes No If not, please explain: _____

Should nature or amount of physical exercise be limited: Yes No If so, please explain: _____

Does child have any allergies: Yes No If so, please explain: _____

Is child taking any medications regularly: Yes No If so, please explain: _____

Assumption of Risk and Insurance Policy Statement

for participation in camp and sports clinic activities at SUNY Stony Brook

I understand and agree that the participation of my son/daughter in any camp or sports clinic held at the State University of New York (SUNY) at Stony Brook (Stony Brook University) is voluntary.

I further understand and agree that Stony Brook University, the State University of New York or the State of New York is not liable for any injury, damage, or other loss which my son/daughter may cause or incur, or may cause others to incur, while using Stony Brook University facilities or equipment, or while participating in any camp or clinic provided by Stony Brook University and/or its affiliates.

I am aware that SUNY, the State of New York and Stony Brook University DO NOT carry insurance coverage for any injury or damage that my son/daughter might cause or incur while using Stony Brook University equipment or facilities.

I have insurance coverage for and specifically assume responsibility for all risks, injuries, damages, or other losses that my son/daughter might cause or incur while using any University equipment and/or facilities at Stony Brook University, or while participating in any program, exercise or activity at Stony Brook University or on Stony Brook University premises.

Please Print:

Clinic Name Childs Name

Parent/Guardian Name Address

Insurance Policy Carrier Policy Number

Parent/Guardian Signature Date

Attendees who do not have this form completed by the start of the clinic session will not be permitted to participate in any/all clinic related activities until this form is completed and returned to Stony Brook University