

FOR OFFICE USE ONLY
CAMP _____
SCHOOL _____

HEALTH FORM

(This form must be filled out by every student-athlete, parent and coach attending our camp.)

Name: _____
Last
First
Middle Initial

Address: _____
Number and Street

_____ City _____ State _____ Zip Code

Date of Birth: _____ Age: _____ Sex: _____ Grade: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone No.: __ (____) _____ Work Phone No.: __ (____) _____

If not available in an emergency, notify:

1. _____ Phone No.: __ (____) _____
2. _____ Phone No.: __ (____) _____

Health History: (Check, giving approximate dates)

Allergies:	_____ Hay Fever	Other: _____	_____ Heart Murmurs	_____ German Measles
	_____ Poison Ivy		_____ Ear Infections	_____ Measles
	_____ Insect Stings		_____ Rheumatic Fever	_____ Chicken Pox
	_____ Penicillin		_____ Convulsions	_____ Mumps
	_____ Other Drugs (please list)		_____ Diabetes	_____ Asthma
	_____		_____ Behavior	_____ Dizzy Spells

Current Medications:

Name	Dosage	Frequency	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last Tetanus Shot: _____

Operations or Serious Injuries (and dates): _____

Chronic Recurring Illnesses or Athletic Injuries (and dates): _____

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM!

MEDICAL INSURANCE INFORMATION

This section must be completed before the camper will be allowed to participate in camp activities.

Insurance Company: _____

Insurance Company Phone Number: _____

Policy Number: _____

Parent/Guardian Signature: _____

THIS SECTION IS TO BE COMPLETED ONLY FOR THOSE CAMPERS THAT DO NOT HAVE MEDICAL INSURANCE:

In the event there is no medical insurance, Lock Haven University Foundation requires that parents/guardians agree to incur the cost of medical expenses of their child. If there is no medical insurance, please complete the section below:

I, _____ agree to be financially responsible for all medical costs incurred by my child, _____ at Lock Haven University Foundation Camps.

Parent/Guardian Signature: _____

A Note to Parents/Guardians Without Medical Insurance: You MUST sign where indicated if you carry no medical insurance on the camper. Those without a signature will be returned, and registration will be held until a signature is obtained.

PARENT'S AUTHORIZATION

Liability Release: I, the undersigned, individually and as a parent/guardian of the camper named on the front of this form, a minor, ask that he/she be admitted to participate in the sports camp sponsored by the Lock Haven University Foundation. I do hereby agree to release, discharge and hold harmless Lock Haven University, Lock Haven University Foundation, Shippensburg University, their owners, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and-or activities held in connection with the sport camp.

I also give permission for my child's photograph to appear in promotional material regarding future camps.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities.

I give full permission to the camp to medically treat my child. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the camp medical personnel to administer medication. I also give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature: _____ Date: _____

A Note to All Parents/Guardians: You MUST sign and date where indicated. Those without a signature will be returned, and registration will be held until a signature is obtained.