

# Crease Monkeys Lacrosse Camp

## HEALTH HISTORY & RELEASE FORM

**\*\*\* PLEASE BRING THIS FORM WITH YOU TO CAMP \*\*\***

(you cannot be admitted to camp without this completed form)

Camper's Name \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Ht. \_\_\_\_\_ Wt: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

### HEALTH HISTORY

IF THE CAMPER SHOULD BE RESTRICTED FROM ANY ACTIVITY, PLEASE

NOTE: \_\_\_\_\_  
\_\_\_\_\_

If the camper will be taking medication during camp, please indicate name of drug and dosage:

Please identify any medical condition or history which would require special attention:

Has the camper had any of the following? (Please circle for YES): Asthma, Chicken Pox, Diabetes, German Measles, High Blood Pressure, Measles, Mumps, Pneumonia

### IMMUNIZATIONS

(include dates)

Tetanus Toxoid \_\_\_\_\_  
Polio Vaccine \_\_\_\_\_  
Tuberculin Test \_\_\_\_\_  
Measles \_\_\_\_\_  
Rubella \_\_\_\_\_

### ALLERGIES

(yes/no)

Hay Fever \_\_\_\_\_  
Asthma \_\_\_\_\_  
Eczema \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Other (type) \_\_\_\_\_

### DRUG REACTIONS

(yes/no)

Sulpha \_\_\_\_\_  
Penicillin \_\_\_\_\_  
Antibiotics (type) \_\_\_\_\_  
Other \_\_\_\_\_

Physician's Name:

(Address)

(Telephone)

### INSURANCE INFORMATION

Carrier Name: \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

I, the parent of \_\_\_\_\_, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the named person below, before taking this action. I hereby waive and release Crease Monkeys Lacrosse, Inc., staff, camp management and sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

(Sign) \_\_\_\_\_ Date \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_

My Phone Number while my child is at camp: (if different from above): (\_\_\_\_) \_\_\_\_\_

Person to contact in the event I cannot be reached: \_\_\_\_\_

Phone number of emergency contact person: (\_\_\_\_) \_\_\_\_\_

*I understand that Crease Monkeys Lacrosse, Inc. retains the right to use for publicity and advertising purposes, photographs of campers taken at camp.*