

AUGUST 1-4, 2010
IMPACT FIED HOCKEY CAMP
HEALTH HISTORY AND RELEASE FORM

You cannot be admitted to camp without this completed medical form.

We must also have a copy of your insurance card (front and back) if you did not already do so at the time of registration.

PLEASE PROVIDE THE FOLLOWING MEDICAL INFORMATION:

CAMPER NAME: _____ D.O.B.: _____ AGE: _____ HT: _____ WT: _____

ADDRESS: _____ PHONE: _____

PRIMARY EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: _____

SECONDARY EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: _____

MEDICAL CONDITIONS:

ALLERGIES:

INJURY HISTORY:

IF THE CAMPER WILL BE TAKING MEDICATION DURING CAMP, PLEASE INDICATE NAME OF DRUG AND DOSAGE:

IF THE CAMPER SHOULD BE RESTRICTED FROM ANY ACTIVITY, PLEASE NOTE:

PLEASE IDENTIFY ANY MEDICAL CONDITION OR HISTORY WHICH WILL REQUIRE SPECIAL ATTENTION:

HAS THE CAMPER HAD ANY OF THE FOLLOWING:

ASTHMA CHICKEN POX DIABETES HIGH BLOOD PRESSURE

MEASLES MUMPS PNEUMONIA MONONUCLEOSIS

DATE OF LAST TETANUS SHOT (Month and Year) _____

PHYSICIAN'S NAME: _____ PHONE: _____

I, the parent/guardian of _____, give permission for my child to receive medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the named person above, before taking this action. I hereby waive and release New Jersey Field Hockey Academy, IMPACT Field Hockey, Drew University, Directors, Co-Directors, Staff, and Camp Management 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 assumer all risk of such injury. I will be financially responsible for any medical attention need during camp.

Signature: _____ Date: _____