

Five Star Girls Lacrosse Camp

D & D Sports Camps, Inc.

Medical Form

Name: Last _____ First _____
Age: _____ Birthdate _____ Grade: (in the fall) _____
Address: _____

Phone (H): _____
Mother's Name: _____ Father's Name: _____
Mother's Phone: _____ Father's Phone: _____
Guardian's Name: _____ Guardian's Phone: _____

Emergency Contact: (if parents not available) Name: _____

Emergency Phone Number: 1. _____ 2. _____

Health History: (Check-giving appropriate dates)

| | | | | | |
|-----------------------------|-------|-----------------------|-------|------------------|-------|
| Frequent Ear Infections | _____ | Psychiatric Treatment | _____ | <u>Allergies</u> | |
| Heart Defect/Disease | _____ | Mononucleosis | _____ | Hay Fever | _____ |
| Convulsions | _____ | <u>Diseases</u> | | Poison Ivy | _____ |
| Diabetes | _____ | Chicken Pox | _____ | Insect Stings | _____ |
| Bleeding/Clotting Disorders | _____ | Measles | _____ | Penicillin | _____ |
| Hypertension | _____ | German Measles | _____ | Other Drugs | _____ |
| | | Mumps | _____ | Asthma | _____ |

Has your daughter ever required any psychiatric counseling or hospitalization? _____

Operations or serious injuries (dates): _____

Disability or chronic or recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Dietary modifications: _____

Current Medications: _____

Other: _____

Food Allergies: _____

Does your daughter have epilepsy? _____ Does your daughter have diabetes? _____

Medication: Any medication to be administered? _____

Any medically prescribed meal plan or dietary restrictions? _____

Any allergies (Food, drug, plants & insects, etc.) _____

Other: _____

Date of last tetanus shot: _____

Name of dentist/orthodontist: _____ Phone: _____

Name of family physician: _____ Phone: _____

Date of last physical examination: _____

Insurance Information: Insurance Carrier: _____

Policy or Group #: _____

Suggestions or health related information for camp personnel: _____

This health history is correct so far as I know, and the person listed above has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the camp:

1. To provide ongoing health care.
2. To select medical personnel to order X-rays or routine tests or treatment for the person listed above.

Signature of parent or guardian _____ Date: _____

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give Permission to the physician selected by the camp directors to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above.

Signature of parent or guardian _____ Date: _____