

REACTION LACROSSE

HEALTH HISTORY & RELEASE FORM

****You Must Bring This Form 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 the Reaction Lacrosse Camps, 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.

(Name) _____ 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 Reaction Lacrosse Camps retains the right to use for publicity and advertising purposes, photographs of campers taken at camp:

Signature: _____