

HEALTH FORM FOR PROGRAMS, CAMPS & CLINICS HELD AT GEORGETOWN UNIVERSITY

In order to participate in the Hoyas All-Skills Softball Camp, each participant must submit completed versions of this Health Form, which certifies that they are physically able to participate in camp activities, and the Assumption of Risk/Parental Permission Form. Participants who have not completed these two forms will not be permitted to participate in camp activities until they are received.

Name _____ Birthdate _____ Sex _____ Age _____
Last First Middle Initial _____

Contact Information

Parents/Guardians _____ Home Phone(_____) _____ Work Phone(_____) _____

Home Address _____
Number & Street City State Zip Code _____

If parents/guardians not available in emergency, notify:

1. _____ Phone _____
Name (local contact) _____

Number and Street City State Zip Code _____

2. _____ Phone _____
Name _____

Number and Street City State Zip Code _____

Health History (check, give approximate dates, and any details you believe would be helpful)

Allergies:

Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Poison Ivy _____	Measles _____
Convulsions _____	Insect Sting _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other? _____	Asthma _____

Operations or Serious Injuries (dates/description) _____

Chronic or Recurring Illness _____

Other Diseases or Details re: Above _____

Any specific activities to be restricted while participating in Summer Camp?

Important: Please notify the campus if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

This health form is correct as far as I know, and my child/ward has permission to engage in all camp activities, except as noted herein by me and/or the examining physician. In the event that I cannot be reached in an emergency, I hereby give the administrators of the Hoyas All-Skills Softball Camp and any hospital or medical personnel they designate to provide any medical treatment which a medical provider deems necessary for the well being of my child/ward, including hospitalization, injections, anesthesia and/or surgery. I further consent to non-emergency first aid for my child/ward while he/she is enrolled as a participant in the Hoyas All-Skills Softball Camp, as deemed necessary by the staff of the Summer Camp.

Signature of Parent/Guardian: _____ Date: _____

Medical Insurance Information:

Policy Holder Name _____ Relation to Camper _____
Insurance Company _____ Policy/Group # _____

MEDICAL EXAMINATION - To be filled out by licensed physician.

This examination should be performed within 12 months of arrival at camp. Examination for other purposes within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Immunization History

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series _____ Booster _____ Tetanus Booster _____

Polio DPV (Sabin) _____ Booster _____ Typhoid _____

Measles vaccine (Live) _____ Tyberculin Test _____

German Measles (Rubella) _____ Mumps Vaccine (Live) _____

Smallpox _____ Other _____

Hgt. _____ Wt. _____ B.P. _____

Hgb. Test _____ Urinalysis _____

Eyes _____ Extremities _____

Glasses _____ Posture (spine) _____

Ears _____ Skin _____

Nose _____ Allergy _____

Throat _____ Lungs _____

Teeth _____ Abdomen _____

Heart _____ Hernia _____

General Appraisal: _____

For Girls & Women

Has this person menstruated? _____ If so, is her menstrual history normal? _____

If not, has she been told about it? _____ Special considerations: _____

List any significant injuries, illnesses or emotional conditions about which the Georgetown University Summer Camp should be aware:

Recommendations and restrictions while in camp:

Special diet _____

Special medicine (name it) _____ Is parent sending it? _____

Swimming/Diving _____

Strenuous activity _____

Other _____

Allergies to Medicine _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in physically strenuous athletic camp activities.

_____ M.D. _____

Name of Examining Physician Signature of Examining Physician

Date _____ Phone: _____

Address _____