

Premier Field Hockey Medical Form

Note: Must be completed and signed by parent or guardian.

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
Name of School \_\_\_\_\_
Coach's Name \_\_\_\_\_ Coach's Phone # \_\_\_\_\_

Week attending camp: \_\_\_\_\_ July 26 - 29, 2012 Elizabethtown College

Name of Parent (s)/Guardian(s) \_\_\_\_\_
Address \_\_\_\_\_
Place of Employment \_\_\_\_\_
Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_
Emergency Name & phone number \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_
Whose name is policy under? \_\_\_\_\_
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

MEDICAL QUESTIONS

1. Is your daughter currently taking any medications? YES \_\_\_\_\_ NO \_\_\_\_\_
If so, what kind? Prescription \_\_\_\_\_
Over the counter \_\_\_\_\_
For what? \_\_\_\_\_

2. Does your child have any allergies? \_\_\_\_\_
Type of reaction \_\_\_\_\_ Medication for reaction \_\_\_\_\_

3. Has your daughter had any medical problems or hospitalizations over the past two years?
If so, what? \_\_\_\_\_

4. Please indicate if your daughter has had any significant injuries. Please be specific and give the date.
Was this injury treated by a physician?
TYPE OF INJURY DATE YES NO
Neck \_\_\_\_\_
Back \_\_\_\_\_
Knee \_\_\_\_\_
Shoulder \_\_\_\_\_
Other \_\_\_\_\_

5. Does your child have:
Asthma YES \_\_\_\_\_ NO \_\_\_\_\_ Medication(s) \_\_\_\_\_
Diabetes YES \_\_\_\_\_ NO \_\_\_\_\_ Medication(s) \_\_\_\_\_

Please read carefully and sign below in order for your daughter to participate in camp.
I VERIFY THAT MY DAUGHTER HAS BEEN CHECKED BY A PHYSICIAN IN THE LAST YEAR AND IS PHYSICALLY ABLE TO PARTICIPATE AT CAMP. IF MY DAUGHTER NEEDS MEDICAL ATTENTION WHILE AT CAMP, IT IS MY WISH THAT TREATMENT BE STARTED IMMEDIATELY IF IT IS DEEMED NECESSARY BY A MEDICAL STAFF, WITH THE UNDERSTANDING THAT EVERY EFFORT WILL BE MADE TO NOTIFY ME IN CASE OF ANY MAJOR ILLNESS OR INJURY. I WILL ACCEPT RESPONSIBILITY FOR ALL COSTS RELATED TO SUCH TREATMENT.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian

Please be sure to bring this medical form with you to registration. Campers are unable to participate until the above information is obtained.