THE GEORGETOWN UNIVERSITY SUMMER CAMP HEALTH FORM

In order to participate in a Georgetown University Summer 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 Month/Day/Year

Contact Information

Parents/Guardians_____ Home Phone(_____)_____WorkPhone(____)_____
Area Code & Number Area Code & Number

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 Georgetown University Summer 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 Summer 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_____