





**HEALTH FORM**

Please check camp(s) that applicant will be attending:

\_\_\_ Baseball                      \_\_\_ Dance Camp                      \_\_\_ Boy's Lacrosse                      \_\_\_ Girl's Lacrosse

\_\_\_ Soccer I                      \_\_\_ Soccer II                      \_\_\_ Softball                      \_\_\_ Volleyball

**BOY'S BASKETBALL**

\_\_\_ Day Camp I                      \_\_\_ Day Camp II                      \_\_\_ Elite Camp                      \_\_\_ Team Camp

**GIRL'S BASKETBALL**

\_\_\_ Commuter Camp                      \_\_\_ Overnight Camp                      \_\_\_ Shooting Camp                      \_\_\_ Team Camp

\_\_\_\_\_

Camper's Last Name, First Name, Middle Initial

\_\_\_\_\_

Home Phone

**Physical Conditions that the clinician should be aware of** – including allergies both food and medicine, recurring illnesses, disabilities, chronic illnesses, etc.: \_\_\_\_\_

**Medication** – list any medications camper is currently taking: \_\_\_\_\_

**Date of most recent tetanus immunization:** \_\_\_\_\_ (if more than ten years ago, a booster shot is recommended)

**Date of first MMR (Measles/Mumps/Rubella)** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of last MMR** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of last polio vaccination** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of first DTP** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact Information** – who should be called in case of emergency?

\_\_\_\_\_

Name and relationship

\_\_\_\_\_

Daytime Phone

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Name and relationship

\_\_\_\_\_

Daytime Phone

\_\_\_\_\_

Home Phone

