

HEALTH FORM FOR PROGRAMS, CAMPS & CLINICS
2018 DAY CAMP

In order to participate in a Georgetown Women's Lacrosse Elite Day Camp, each participant must submit completed versions of this Health Form, which certifies that they are physically able to participate in camp activities. Participants who have not completed this form 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 _____ Cell 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 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 # _____