



Top New England Camp Since 1977

At the Cardigan Mountain School in Canaan, New Hampshire

Directors: Scott Anderson and Chuck Apel

25 Deer Run Dr., Bridgewater, NJ 08807 207-400-5216

www.cardiganlacrosse.com  
cardiganlacrosse@gmail.com

## MEDICAL HISTORY FORM 2020

Please complete and sign medical history form and send by August 2<sup>nd</sup>

Mail to: Cardigan Lacrosse, 25 Deer Run Dr, Bridgewater, NJ 08807.

Email to: [cardiganlacrosse@gmail.com](mailto:cardiganlacrosse@gmail.com)

After August 2<sup>nd</sup> bring this form to camp.

**SESSION: AUGUST 8-12, 2020**

CAMPER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY NO. \_\_\_\_\_

### CAMPER'S MEDICAL BACKGROUND

1. Do you require any special medication? \_\_\_\_\_ If so please list on reverse.
2. Are you allergic to anything? \_\_\_\_\_ If so please list.
3. Have you had surgery of any kind? \_\_\_\_\_ If so please list the dates and condition.
4. Do you have any chronic conditions, i.e. tendonitis, weak ankles, dislocated shoulders, asthma, etc. \_\_\_\_\_

**Camper's Name** \_\_\_\_\_

5. Have you ever been assessed as having any heart conditions? \_\_\_\_\_

6. Do you have any paired organs missing? \_\_\_\_\_ If so please list:

7. Have you every suffered a serious head injury? \_\_\_\_\_ If so please explain:

8. Have you had any significant injury while playing sports (fractures, sprains, etc.) \_\_\_\_\_  
If so please explain \_\_\_\_\_

9. Do you have any other medical conditions not covered here that may need to be known in case of an emergency? \_\_\_\_\_

10. Other Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CAMP RELEASE FORM

I hereby consent to emergency medical treatment by the Cardigan Lacrosse Camp, the Canaan Rescue Squad and Hitchcock Memorial Hospital and appoint the Camp Directors or Emergency Medical Technician assigned to the Canaan Rescue Squad to act in my behalf in authorizing emergency medical attention beyond that maintained by the camp. I hereby waive and release the camp and the Cardigan Mountain School from any and all liability for injuries incurred while at camp or arising from travel to or from camp. Campers will be responsible for medical costs and damages caused by camper. I also give the camp permission to use, at their discretion, any camp photos or videos.

#### PARENT OR GUARDIAN

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

OTHER PERSON to notify in case of emergency \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Cell \_\_\_\_\_