



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 2021

Please complete and sign medical history form and send by August 2nd

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

Email to: cardiganlacrosse@gmail.com

After August 2nd bring this form to camp.

SESSION: AUGUST 8-12, 2021

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 _____