



Health Form
2019 Summer Camp

Camp Location: _____ **Dates of the Camp** _____

Camper's Last Name: _____ **First Name:** _____ **MI** _____

Home Address: _____
 Street **City** **State** **Zip**

Birth Date: _____ **Age:** _____ **Grade entering in upcoming Fall** _____

Parent/Guardian Name: _____ **Home Phone:** (____) _____

Cell Phone: (____) _____ **Email Address:** _____

Emergency Contact Information – Required by the Board of Health

In the event that we are unable to reach you, please provide two alternate emergency contacts:

Emergency Contact Name 1: _____ **Cell Phone:** () _____

Emergency Contact Name 1: _____ **Cell Phone:** () _____

Camper Drop Off/Pick Up Information – Required by the Board of Health

Name of Person(s) for Drop Off: _____ **Cell Phone:** () _____

Name of Person(s) for Pick Up: _____ **Cell Phone:** () _____

Permission for Medical Care

The responsibility for administering medications rests with the camper's parent or legal guardian. No camp staff is permitted to administer medication. It is important that all medication be taken at home. No medication is to be sent to camp and administer unless it is a prescription drug for emergency only conditions and Authorization Form signed by Camper's parent or legal guardian to Administer Medication presented with written permission and direction of the Physician. Camper must bring such medication in separate container with clear Camper name on the Camper and ask Health Care Supervisor to put it in the safe place.

These emergency medications may be sent to the camp if the rules listed below are followed:

1. Note from the doctor stating name of medication, how it is to be given, amount, time and diagnosis of illness. The medication must be presented in the original package with prescription label attached in separate container;
2. Only In the case of a camper who is capable and trained of self-medicating using a prescribed Epi-Pen® or inhaler, and the parent or guardian give written approval by submitting a signed Authorization Form to Administer Medication, the camper may be allowed to carry these devices with him/her at all times in order to self-administer when it is necessary.
3. If a diabetic camper requires his/her blood sugar to be monitored, or requires insulin injections, and the parent or guardian must give written approval by submitting a signed Authorization Form to Administer Medication, the camper, who is capable and trained, may be allowed to self-monitor and/or self-inject him/herself.

I understand and acknowledge that if I do not comply with all provisions and requirements of the camp my child (camper) will not be able to attend the camp and all payments will not be refundable.

Parent/Authorization, Waiver, Indemnification, & Consent for Self-Administration of Prescription Medication:" I authorized and recommend self-medication by my child (camper) for the medication designated on this form. I also affirm and confirm that my child (camper) was trained in the proper self-administration of the prescribed medication by her clinician and/or family. I shall hold Premier Hoops Corporation harmless against any claims that may arise relating to my child's (camper) self-administration of prescribed medication or failure to take such medication. I have legal authority to consent to medical treatment for the camper named above, including the self administration of medication at Camp."

I hereby authorize Premier Hoops Corporation, or any other appropriate members, to carry out the necessary procedures and presence of the Health Supervisor in case when camper is self-medicating. In rare instances, a medical or surgical emergency requiring treatment arises in which written consent by parents or guardians is legally required, but the proper person cannot be located. In this event, and in order to avoid delay that might jeopardize the life or recovery of a camper, we request the following permission from parents or legal guardians, with the understanding that every effort will be made to contact you in an emergency. Parent/Authorization, Waiver, Indemnification, & Consent: "I hereby grant permission to authorize any member of Premier Hoops Corporation or other physicians or surgeons, to give emergency anesthesia and perform medical or surgical procedures on my son/daughter (camper) named above in the event that camper is unable to contact me when further delay might jeopardize life or impair recovery. I hereby grant permission to any hospital or physician service to submit and collect from my primary insurance company any and all appropriate charges incurred for services rendered at any of the above mentioned facilities. I hereby grant permission for the release of any medical information necessary to process said claims for my child (camper").

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship to Camper:** _____

Health Insurance Information:

Insurance Provider Name: _____ **Address:** _____

Policy or Group Number: _____ **Phone:** () - _____

Health History – Camper’s Name: _____

Allergies (include medications, foods, insect venoms): None _____ Yes _____, please list:

General Health History (include chronic illnesses, asthma, diabetes, concussions, seizures, injuries etc):
Please list

Mental, Emotional and Social Health History (include ADHD, anxiety, depression, etc):

Wears contacts? Yes _____ No _____ Sensitive to heat/cold? Yes _____ No _____

Ever had Chicken Pox? Yes _____ No _____ Hospitalized/Surgery in past year? Yes _____ No _____

If Yes, please explain. _____

Permission to use sunscreen / insect repellent? Yes _____ No _____ (Sunscreen / insect repellent should be supplied by the Camper and applied by Parent or Legal Guardian)

Currently taking medications? Yes _____ No _____ If Yes, please list:

Bringing any medication to camp? Yes _____ No _____ If Yes, it needs to be in an original container and properly labeled and Camper should be capable and trained of self-medicating, self-monitoring and/or self-injecting and self-administering. Please fill out Authorization Form signed by Camper’s parent or legal guardian to Administer Medication and return with Health Form.

Name of Medication(s)	Amount/Dose	How is it given (ex. By mouth)	When is it given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing this form, we the undersigned swear and confirm that all the information is correct and my child (camper) is capable and trained of self-medicating, self-monitoring and/or self-injecting and self-administering an above mentioned medications::

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Physician's Section – To be completed by Camper's Physician or Practitioner

*This section must be completed by camper's physician/practitioner **and please** include a signed physical exam within the last 18 months of camp start date **WITH** a copy of vaccination and immunization records and all mentioned below records and reports. The date of the last tetanus immunization is required.*

Camper's Last Name: _____ **First Name:** _____ **MI** _____

Date of last physical exam: _____ Height: _____ Weight: _____ M _____ F _____

Did Camper have any injuries? Yes _____ No _____ if Yes, Copies of injury reports will need to be provided as required by 105 CMR 430.154;

___ Copies of injury reports as required by 105 CMR 430.154 included

___ A certificate of vaccination and immunization record indicating compliance with 105 CMR 430.152 included

___ Health history and report of physical examination required by 105 CMR 430.151 included

Date of last tetanus booster: _____

Is the above camper physically fit for Premier Hoops Basketball Training Camps? Yes _____ No _____

Physician's Name _____: Phone: (____) _____

Name of Practice: _____

Address: _____

Physician's or Practitioner's Signature: _____ Date: _____