

THE GEORGETOWN UNIVERSITY SUMMER CAMP HEALTH FORM

In order to participate in a Georgetown University Summer Camp, each participant must submit completed versions of this Health Form, which certifies that they are physically able to participate in camp activities, and the Assumption of Risk/Parental Permission Form. Participants who have not completed these two forms will not be permitted to participate in camp activities until they are received.

Name _____ Birthdate _____ Sex _____ Age _____
Last First Middle Initial Month/Day/Year

Contact Information

Parents/Guardians _____ Home Phone(____) _____ WorkPhone(____) _____
Area Code & Number Area Code & Number

Home Address _____
Number & Street City State Zip Code

If parents/guardians not available in emergency, notify:

1. _____ Phone _____
Name (local contact)

_____ Phone _____
Number & Street City State Zip Code

2. _____ Phone _____
Name (local contact)

_____ Phone _____
Number & Street City State Zip Code

Health History (check, give approximate dates, and any details you believe would be helpful)

Ear Infections _____	<u>Allergies:</u>	Chicken Pox _____
Rheumatic Fever _____	Hay Fever _____	Measles _____
Convulsions _____	Poison Ivy _____	German Measles _____
Diabetes _____	Insect Sting _____	Mumps _____
Behavior _____	Penicillin _____	Asthma _____
	Other? _____	

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 # _____

MEDICAL EXAMINATION - To be filled out by licensed physician.

This examination should be performed within 12 months of arrival at camp. Examination for other purposes within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Immunization History

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series _____	Booster _____	Tetanus Booster _____
Polio DPV (Sabin) _____	Booster _____	Typhoid _____
Measles vaccine (Live) _____		Tyberculin Test _____
German Measles (Rubella) _____		Mumps Vaccine (Live) _____
Smallpox _____		Other _____

Hgt. _____	Wt. _____	B.P. _____
Hgb. Test _____	Urinalysis _____	

Eyes _____	Extremities _____
Glasses _____	Posture (spine) _____
Ears _____	Skin _____
Nose _____	Allergy _____
Throat _____	Lungs _____
Teeth _____	Abdomen _____
Heart _____	Hernia _____

General Appraisal: _____

For Girls & Women

Has this person menstruated? _____	If so, is her menstrual history normal? _____
If not, has she been told about it? _____	Special considerations: _____

List any significant injuries, illnesses or emotional conditions about which the Georgetown University Summer Camp should be aware:

Recommendations and restrictions while in camp:

Special diet _____	
Special medicine (name it) _____	Is parent sending it? _____
Swimming/Diving _____	
Strenuous activity _____	
Other _____	

Allergies to Medicine _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in physically strenuous athletic camp activities.

_____ M.D.	_____
Name of Examining Physician	Signature of Examining Physician

Date _____ Phone: _____

Address _____
