I	HU USE ONLY
SPORT	
CAMP .	

HEALTH FORM

(This form must be filled out be every minor attending our camp.)

Parent/Guardian Name:	Age:	Number and Street State	Middle Initial Zip Code	****
City Date of Birth: Parent/Guardian Name: Home Phone No.: ()	Age:	Number and Street State	Zip Code	
City Date of Birth: Parent/Guardian Name: Home Phone No.: ()	Age:	Number and Street State	Zip Code	
Date of Birth:Parent/Guardian Name:Home Phone No.: ()	Age:		Zip Code	
Parent/Guardian Name:	Age:	~		
Parent/Guardian Name:		Sex:	Grade:	
Home Phone No.: ()		Relationship:		
16		Work Phone No.	:()	
If not available in an emergency, notify:				
1.		Phone No.:(
2		Phone No.:(
Health History:				
Allergies:		Other:		
	***	···	1444-447	
	_		1000	
Current Medications: Name Dosa	age	Frequency	Reason	
		<u></u>		
	***************************************	***************************************		
Last Tetanus Shot:				
Operations or Serious Injuries (and dates): _	1770		- Augustus	
	.,			
Chronic Decuming Illegans and Adday' T		1-4		
Chronic Recurring Illnesses or Athletic Injur	nes (and o	uates):		

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM!

MEDICAL INSURANCE INFORMATION

This section must be completed before the camper will be allowed to participate in camp activities.
Insurance Company:
Insurance Company Phone Number:
Policy Number:
Parent/Guardian Signature:
THIS SECTION IS TO BE COMPLETED ONLY FOR THOSE CAMPERS THAT DO NOT HAVE MEDICAL INSURANCE:
In the event there is no medical insurance, Lock Haven University Foundation requires that parents/guardians agree to incur the cost of medical expenses of their child. If there is no medical insurance, please complete the section below:
I, agree to be financially responsible for all medical costs incurred by my child, at Lock Haven University Foundation Camps.
Parent/Guardian Signature:
A Note to Parents/Guardians Without Medical Insurance: You MUST sign where indicated if you carry no medical insurance on the camper. Those without a signature will be returned, and registration will be held until a signature is obtained.
PARENT'S AUTHORIZATION
Liability Release: I, the undersigned, individually and as a parent/guardian of the camper named on the front of this form, a minor, ask that he/she be admitted to participate in the sports camp sponsored by the Lock Haven University. I do hereby agree to release, discharge and hold harmless Lock Haven University, Lock Haven University Foundation, their owners, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and-or activities held in connection with the sport camp.
This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities.
I give full permission to the camp to medically treat my child. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the camp medical personnel to administer medication. I also give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.
Parent/Guardian Signature: Date:
A Note to All Parents/Guardians: You MUST sign and date where indicated. Those without a signature will be returned, and registration will be held until a signature is obtained.