

Health/Medical Form

(This form must be completed for every minor attending LHU camps/clinics.)

Last Name	First Name	Middle Initial
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Address _____

City	State	Zip Code
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Date of Birth: _____ Age: _____ Sex: _____ Grade: _____

Parent/Guardian Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

If not available in case of emergency, please notify:

1. _____ Phone: _____
2. _____ Phone: _____

HEALTH HISTORY:

Please list allergies: _____

Please list any other pertinent medical history: _____

Please list current medications:

Name of Medication	Dosage	Frequency	Reason
_____	_____	_____	_____
_____	_____	_____	_____

Date of last Tetanus shot: _____

Operations or Serious Injuries (and dates): _____

Chronic/recurring Illnesses or Athletic Injuries (and dates): _____

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____ Phone Number: _____

Policy Holder: _____ 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 requires that parents/guardians agree to incur the cost of medical expenses for their child. If there is no medical insurance, please complete the section below:

I, _____, agree to be financially responsible for all medical costs incurred for my child, _____, at Lock Haven University Camps/Clinics.

Parent/Guardian Signature: _____

Note: Parent/guardian must sign where indicated if you carry no medical insurance on the camper. Forms without a signature will be returned and registration held until a signature is obtained.