

## Health/Medical Form

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

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Last Name	First Name	Middle Initial
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Address \_\_\_\_\_

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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.*