

HEALTH FORM – Great by Choice Camp at Dartmouth College

This form must be completed **prior** to participation at camp. All requested information must be provided and a **parent/guardian must sign the form**. A doctor's signature is not required.

NAME OF CAMPER _____ AGE of CAMPER _____ DOB _____

PARENT/GUARDIAN NAME(S) _____

LIST ADULT(S) CAMPER IS AUTHORIZED TO BE RELEASED TO:

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT EMAIL ADDRESS: _____

HOME TELEPHONE _____ EMERGENCY CELL PHONE _____

MOTHER'S WORK# _____ FATHER'S WORK# _____

NAME OF ALTERNATE CONTACT PERSON (OTHER THAN PARENT) _____

ALTERNATE CONTACT PHONE _____ RELATIONSHIP _____

LIST ANY MEDICATION BEING TAKEN. PLEASE INCLUDE DOSAGE & REASON FOR MEDICATION.

LIST ANY ORTHOPEDIC INJURIES WITHIN THE PAST YEAR AND DESCRIBE NATURE & SEVERITY OF THE INJURY.
PLEASE GIVE DATE OF INJURY WITH SIDE AND A BRIEF EXPLANATION:

FAMILY PHYSICIAN _____ PHYSICIAN'S TELEPHONE _____

HEALTH INSURANCE COMPANY _____

HEALTH INSURANCE ADDRESS _____

HEALTH INSURANCE GROUP AND POLICY NUMBERS _____

NAME OF PRIMARY POLICYHOLDER _____

WITH MY SIGNATURE BELOW:

I verify that all of the above information is accurate to the best of my knowledge.

I authorize the Iron Pine Lacrosse, Inc., Dartmouth College, and the athletic training staff to provide medical treatment for my child.

I verify that my child may participate in any and all camp-related activities and events, and that my authorization does not conflict with any medical advice or concerns expressed by my child's physician.

SIGNATURE OF PARENT/GUARDIAN _____

PRINT NAME _____

DATE _____