

HEALTH FORM FOR PROGRAMS, CAMPS & CLINICS
HELD AT GEORGETOWN UNIVERSITY

In order to participate in the Hoyas Volleyball 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.

Camper Name _____ **Birthdate** _____ **Sex** _____ **Age** _____
Last First Middle Initial

Contact Information

Parents/Guardians _____ **Home Phone:()** _____ **Work Phone:()** _____

Home Address

Number & Street City State Zip Code _____

If parents/guardians not available in emergency, notify:

1. _____ **Phone:** _____
Name (local contact)

Address

2. _____ **Phone:** _____
Name

Address

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

Allergies:

Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Poison Ivy _____	Measles _____
Convulsions _____	Insect Sting _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other? _____	Asthma _____

Operations or Serious Injuries: (dates/description) _____

Chronic or Recurring Illness: _____

Any specific activities to be restricted while participating in Summer Camp?

Important: Please notify the campus if camper is exposed to any communicable diseases during the three weeks prior to camp.

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: _____
Insurance Company: _____
Policy/Group #: _____

Relation to Camper: _____

IMMUNIZATION INFORMATION:

Must list current residence above.

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

Attach record of vaccination or immunity.

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia:

Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?

☐ NO ☐ YES, List: _____

Parent or Legal Guardian's Signature

Date

MEDICAL EXAMINATION:

Attach most recent physical examination (school forms are acceptable).

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