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

In order to participate in Georgetown Women's Basketball Camps, 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.

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)

____
Number and Street City State Zip Code

2.____ Phone______________
Name

____
Number and Street City State Zip Code

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____
Other Diseases or Details re: Above ____

Any specific activities to be restricted while participating in Summer Camp? ______________________________
Important: Please notify the campus if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.
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__________________________________ Relation to Camper____________________
Insurance Company_________________________________Policy/Group #__________________________

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

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

DTP Series__________________________ Booster_______________ Tetanus Booster________________
Polio DPV (Sabin)____________________ Booster_______________ Typhoid______________________
Measles vaccine (Live)________________ Tyberculin Test_______________
German Measles (Rubella)______________ Mumps Vaccine (Live)_________
Smallpox___________________________ Other________________________
Hgt.____________ Wt.______________ B.P.________________
Hgb. Test________________Urinalysis________________
Eyes________________________ Extremities______________________
Glasses______________________ Posture (spine)___________________
Ears_________________________ Skin____________________________
Nose________________________ Allergy__________________________
Throat_______________________ Lungs___________________________
Teeth________________________ Abdomen_________________________
Heart________________________ Hernia__________________________

General Appraisal:____

For Girls & Women
Has this person menstruated? ___________________ If so, is her menstrual history normal?______________

If not, has she been told about it?_________________ Special considerations:___________________________

List any significant injuries, illnesses or emotional conditions about which the Georgetown University Summer Camp should be aware (please use separate sheet if additional space is needed): ____________________________________

Recommendations and restrictions while in camp:

Special diet____ Special medicine (name it)____Is parent sending it?___________

Swimming/Diving____

Strenuous activity____

Other____

Allergies to Medicine____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in physically strenuous athletic camp activities.

______________________________________ ______________________________________
Printed Name of Examining Physician Signature

Date________________________ Phone: ____