

# EXTREME FIELD HOCKEY HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential

Player Name (Last, First):

Address:

Date of Birth:

Date of last physical exam:

\***Emergency Contacts:** Name and Cell # and relationship to player.

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Please list the names and phone #s of all who will be and have permission to pick up your child after camp:

## PERSONAL HEALTH HISTORY

\***Please attach a copy of physical form sign by physician dated within the past 18 months.**

List any medical problems that other doctors have diagnosed that you feel Extreme Field Hockey staff need to know while your child is at camp/clinic

\***List of medications taken while attending camp. If your child must take medication while at camp including an inhaler, another medication consent form will be required and provided on the first day of camp.**

### **Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. **If I cannot be reached in an emergency**, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Parent/Guardian signature: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Cell # in case of emergency: \_\_\_\_\_