

PERFORMANCE & TECHNIQUE SWIM CAMP HEALTH FORM

THIS FORM IS TO BE COMPLETED AND BROUGHT TO CAMP. An actual physical for camp is NOT necessary so long as all information is complete, correct and the camper has had a physical in the past 24 months.

Camper Information

Last Name First Name Gender Age DOB

Home address, City, State & ZIP

Parent/Guardian Information

First: _____ Circle One: Mother Father Other _____
Parent/Guardian's Name

Cell Phone

Second: _____ Circle One: Mother Father Other _____
Parent/Guardian's Name

Cell Phone

Part One - Parental Authorization & Insurance

I understand and certify that my child's participation in the summer camp program is completely voluntary. I understand that certain hazards and dangers are inherent in the camp program, and I acknowledge that although Performance and Technique Swim Camp cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the camp's rules and procedures for the safety of camp participants.

I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the attending physician secured by Performance and Technique Swim Camp to hospitalize, secure proper medical treatment for, and to order injections, anesthesia, or surgery for my child.

Signature of Parent or Guardian

Date

Name of Insurance Carrier

Policy#

Group#/Name

Name of Primary Insured

Name of Employer

Part Two --- Health Information

Basic Health History:

- | | | | |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> asthma | <input type="checkbox"/> bleeding disorders | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> heart defect | <input type="checkbox"/> convulsions | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hyperactivity |
| <input type="checkbox"/> hypertension | <input type="checkbox"/> bedwetting | <input type="checkbox"/> sleepwalking | |

Allergies:

- | | | |
|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> penicillin | <input type="checkbox"/> serious poison ivy | <input type="checkbox"/> bee stings |
| <input type="checkbox"/> hay fever | <input type="checkbox"/> food allergies | <input type="checkbox"/> aspirin |
| <input type="checkbox"/> other _____ | | |

Immunizations: All immunizations must be up to date. Indicated dates of basic immunization or most recent booster.

_____ DPT _____ Polio _____ Measles
_____ Current Tetanus (If date cannot be supplied, please initial this statement:
"In case of an emergency, the attending physician may administer a tetanus booster." __)

Operations, Serious or Chronic Illnesses:

Dietary Modifications While At Camp:

Prescription Drugs Camper Brings to Camp:
(include instructions)

Part Three --- Health Examination Record

This health history record is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 24 months.

Physical Restrictions: _____

Date of Last Physical _____

Parent's Signature _____

Date _____

Name of Family Physician _____

Phone _____