

LAKELAX LACROSSE CAMP
HEALTH FORM

In order to participate in the LAKELAX Lacrosse Camp, (hereinafter collectively referred to as "LAKELAX 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.

Name _____ Birthdate _____ Sex _____ Age _____
Last First Middle Initial Month/Day/Year

Contact Information

Parents/Guardians _____ Home Phone(_____) _____ WorkPhone(____) _____
Area Code & Number Area Code & Number

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 (Local Contact)
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 the LAKELAX Camp?

Important: Please notify the LAKELAX Camp 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. In the event that I cannot be reached in an emergency, I hereby give the administrators of the LAKELAX 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 LAKELAX Camp, as deemed necessary by the staff of the LAKELAX Camp.

Signature of _____ Date: _____
Parent/Guardian: