

# MERESTEAD SPORTS CAMPS, INC.

## 2009 CAMPER PHYSICAL EXAM & PARENTAL CONSENT FORM



Location	Session I	Session II
MN	July 5-8	July 13-15
VA	June 21-14	July 6-8
PA	July 19-22	July 26-29

Merestead Sports Camps **requires all students** attending camp to have **a Physical Exam** within **24 months of attending**. Signed medical release, health history, immunization record and insurance information must be on file for campers to participate. (This camp must comply with regulations of MA Dept of Public Health and be licensed by the local board of health).

PRINT PLEASE

**CAMPER NAME:**

LNAME

FNAME

School Attending Fall '09

**PHYSICIAN SECTION:** MEDICAL EXAMINER COMPLETE the PHYSICIAN SECTION of FORM.

**IMMUNIZATION RECORD** - Please give MONTH/YEAR, of last or occurrence of clinical disease (or enclose doctor's copy of immunization record)

DTP: \_\_\_\_\_ OR  
 Diphtheria: \_\_\_\_\_  
 Pertussi: \_\_\_\_\_  
 Tetanus: \_\_\_\_\_

MMR: \_\_\_\_\_ OR  
 Measles: \_\_\_\_\_  
 Mumps: \_\_\_\_\_  
 Rubella: \_\_\_\_\_

Polio: \_\_\_\_\_  
 Influenza: \_\_\_\_\_  
 Chicken Pox: \_\_\_\_\_  
 Hepatitis B: \_\_\_\_\_

**MEDICAL HEALTH HISTORY** – Please mark PAST/ CURRENT medical issues with DATES of OCCURRENCE:

	Y or N DATE		Y or N DATE		Y or N DATE
Anemia		Asthma/Hay Fever		Chicken Pox	
Concussion		Diabetes		Ear Infection	
Eczema		Epilepsy		Eyes lenses/glasses	
Fainting		German measles		Heart Disease	
Hepatitis		Hernia		Kidney Disease	
Measles		Migraine		Mononucleosis	
Mumps		Pneumonia		Rheumatic Fever	
Scarlet Fever		Sinusitis		Stomach Disorders	
Tonsillitis		Tuberculosis		Venereal Disease	
Whooping Cough					

**OPERATIONS:** \_\_\_\_\_

**RECENT ILLNESS** (Previous 3 months) \_\_\_\_\_

**INJURIES:** \_\_\_\_\_

State **ALL MEDICATIONS** person is currently taking: \_\_\_\_\_

Medications which may be needed while at camp?     YES     NO    Please specify: \_\_\_\_\_

Prescription Medication to be dispensed: \_\_\_\_\_

With signed consent of the parent and physician, prescription medications for the camper will be stored and the trainer will observe self-administration of the medicines.

Is the child permitted over-the-counter drugs     YES     NO    Please specify: \_\_\_\_\_

List **ALLERGIES** to drugs and/or food: \_\_\_\_\_

Is the child allergic to any medication?     YES     NO    Please specify: \_\_\_\_\_

Is the child allergic to bee stings?     YES     NO    Please specify: \_\_\_\_\_

Does she have anti-allergic medication?     YES     NO    Please specify: \_\_\_\_\_

Other allergies:     YES     NO    Please specify: \_\_\_\_\_

**MEDICAL RELEASE:** I have examined this child and she is physically able to participate in all of Merestead Sports Camps, Inc, activities and in addition, I authorize Merestead Sports Camp to store and observe the self-administration of above listed medications.

( **Signature** of Medical Examiner \_\_\_\_\_ Date \_\_\_\_\_ Med. Exam Phone \_\_\_\_\_ )

**SIDE ONE**

# MERESTEAD SPORTS CAMPS PARENT CONSENT & EMERGENCY INFO 2009

## **PARENT SECTION: Completed and signed by parent/guardian**

**Please PRINT**

NAME of CAMPER: \_\_\_\_\_ Social Security No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

No & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DATE of BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
mo dy yr

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Mother/Father Telephone: (\_\_\_\_) \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ Physician's Office Telephone: (\_\_\_\_) \_\_\_\_\_

Please PRINT

If the child brings **prescription medicine** from home, the parent or guardian must submit written authorization for the administering of each of the medications. Prescription medications for the camper will be stored and the trainer will observe self-administration of the medicines.

**Authorized prescription medication:** \_\_\_\_\_

My child has permission to take **over-the-counter drugs**, which she brought with her to camp or in an emergency we will purchase any of the listed over-the-counter drugs (specify drugs) \_\_\_\_\_

This is to certify that the above camper has my permission to participate in all regular camp and swimming activities. I am aware of the physical nature and stresses required by the activities of this camp. I further certify that a physician has examined my child or ward and I have been advised by said physician that my child or ward is approved to participate in this camp's activities. In the event of an emergency, I give my permission to the physician on duty selected by the camp to hospitalize, secure proper treatment for, and to order x-rays, medication including intravenous medication and/or surgery for this camper. The parent/guardian accepts responsibility of payment for medical bills. I also acknowledge that Merestead Sports Camps, Inc., Bryn Mawr College, College of St. Benedict, College of St. Catherines, Randolph-Macon College and Sweet Briar College along with their staffs and Directors, are not responsible for injuries and/or accidents occurring at camp.

(PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME, Please Print : \_\_\_\_\_

### **ADDITIONAL EMERGENCY CONTACTS - Please Print**

NAME: \_\_\_\_\_ RELATION to camper \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

### **TRAVELING WHILE YOUR CHILD IS ATTENDING CAMP, PLEASE COMPLETE:**

Travel Location: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

### **INSURANCE/ HEALTH CARE PROVIDER**

**COMPANY NAME:** \_\_\_\_\_

GROUP POLICY NUMBER: \_\_\_\_\_ Insurance Telephone: (\_\_\_\_) \_\_\_\_\_

**BILLING ADDRESS of INSURANCE or Name & address of responsible party for any incurred medical bills:**

\_\_\_\_\_  
Please PRINT Name (\_\_\_\_) PHONE

\_\_\_\_\_  
Please PRINT street address city state zip

**Please return to:**

MERESTEAD SPORTS CAMPS

PO Box 9278 Richmond, VA 23227

Director: Missy Ackerman Office Phone: 804-440-9551 Fax: 804-767-1161

Email: [info@merestead.com](mailto:info@merestead.com) [www.merestead.com](http://www.merestead.com)

***Less than one week prior to camp, bring a copy of these forms with you to camp.***

**SIDE TWO**

