

Date Form Received: _____

Camper Last Name: _____

Villanova Boys Basketball Camps

CAMPER HEALTH RECORD

Please complete the following information. Once completed, you may fax the form to 610-519-7915 (Attn: Villanova Basketball Camps), mail the form to Villanova Basketball Camps, P.O. Box 159, Villanova, PA 19085, or bring the form with you to registration on the first day of camp. **The camper will not be allowed to participate in activities until the Villanova Basketball Camps staff receives the Camper Health Record.**

CAMPER INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Camp(s) Attending:

DAY CAMP SESSION 1
JUNE 21 – 25, 2010

DAY CAMP SESSION 2
JUNE 28 – JULY 2, 2010

DAY CAMP SESSION 3
JULY 5 – 8, 2010

EMERGENCY INFORMATION:

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact's Name: _____ Relationship: _____

Emergency Contact Home Phone: _____ Cell/Work Phone: _____

INSURANCE INFORMATION:

Policy Holder's Name: _____

Provider: _____ Policy Number: _____

MEDICAL HISTORY:

Primary Care Physician: _____ Phone: _____

Date of Last Tetanus Immunization: _____ Date of Last Physical: _____ (must be after July 2009)

Please list any current medications, allergies, surgeries, physical restrictions, or chronic/recurring illnesses.

PARENT AUTHORIZATION AND CONSENT TO TREATMENT:

The above stated information is accurate to the best of my knowledge. The camper stated above has permission to participate in camp activities and to be treated by the camp medical staff in case of injury or when medication needs to be administered. **Furthermore as the parent/legal guardian for this child, I attest that the participant has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make his participation in this sports camp a risk.** I authorize the Villanova Basketball Camp training staff to release medical information for the above participant to the parents and physicians in case of emergency. In the event that the camper requires further medical attention, I hereby give my consent for the camper to be treated for injuries, illnesses, and/or other medical conditions at the local hospital.

Parent/Guardian's Printed Name: _____

Signature: _____ Date: _____