

Blue Line Hockey School Camper's Health Record
Morrisville State College IcePlex

THIS FORM DOES NOT REQUIRE A PHYSICIAN'S EXAMINATION. It is designed to inform our staff about the medical condition of your child. This information will be held in the strictest confidence, so please make us aware of any pertinent conditions.

Camper's Name: _____ Birth Date: _____

Male Female

Contract Information:

Mother's Name: _____ Father's Name: _____

Mother's Email: _____ Father's Email: _____

Daytime phone: (mother) _____ (father) _____

Evening phone: (mother): _____ (father) _____

Cell Phone: (mother) _____ (father) _____

Address: _____ City _____ State/Prov. _____ Zip/Postal _____

Insurance Information:

Policy Number: _____ RxBin# _____ or RxPcn# _____

Address: _____ City _____ State/Prov. _____ Zip/Postal _____

Name of policy holder: _____ Customer Service phone: _____

MEDICAL HISTORY: Please check if you Camper had or has any of these conditions.

Asthma Bone Deformity Diabetes Endocrine Problem Skin Disease Eye, Ear, Nose problem
 Hay fever Ulcers High blood pressure Kidney Disease ADHD Drug Sensitivity Heart Disease Other

If condition is checked, please give us specific details: _____

Please list any medical and surgical problems as well as any serious illnesses, allergies, asthma, medications, operations, fractures, injuries and accidents, physical or emotional conditions we should be aware of: _____

My child is up to date on all immunizations

Family Physician's Name: _____ Phone# _____

MEDICAL TREATMENT CONSENT FOR MINORS

This health history is correct to the best of my knowledge. The camper has my permission to engage in camp activities. In the event I cannot be reached in an emergency, I hereby give permission to the medical staff selected by the camp director to secure proper treatment, hospitalize, order injections, anesthesia or surgery for my child. My child has had a physical recently and may participate in all activities described. I give my permission for my child to be treated as needed. I further agree that Morrisville State College and Morrisville Auxiliary Corporation volunteers, employees, officers and directors shall be held blameless from and indemnified against any liability, cost claims, loss or damage which may incur as a result of any accident or injury to my child.

Parental Signature: _____ Date: _____