

ARLISA WILLIAMS SPORTS AND RECRUITING LLC HEALTH FORM

In order to receive training through Arlisa Williams Sports & Recruiting, each participant must submit completed versions of a 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 activities until they are received.

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

Contact Information

Parents/Guardians _____

Cell Phone (____) _____ Work Phone(____) _____ Home Phone (____) _____
Area Code & Number 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

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 _____	Asthma _____	Other? _____

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 Summer Camp? _____

Important: Please notify Arlisa Williams 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 and/or the examining physician. In the event that I cannot be reached in an emergency, I hereby give the administrators of the Georgetown University Summer 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 Summer Camp, as deemed necessary by the staff of the Summer Camp.

Signature of Parent/Guardian: _____ Date: _____

Medical Insurance Information:

Policy Holder Name _____ Relation to Camper _____
Insurance Company _____ Policy/Group # _____

MEDICAL EXAMINATION - To be filled out by licensed physician.

This examination should be performed within 12 months of arrival for instruction. Examination for other purposes within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Immunization History

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series _____ Booster _____ Tetanus Booster _____
Polio DPV (Sabin) _____ Booster _____ Typhoid _____
German Measles (Rubella) _____ Smallpox _____ Mumps Vaccine (Live) _____
Other _____

Hgt. _____ Wt. _____

General Appraisal: _____

For Girls & Women

Has this person menstruated? _____ If so, is her menstrual history normal? _____
If not, has she been told about it? _____ Special considerations: _____

List any significant injuries, illnesses or emotional conditions about which Arlisa Sports & Recruiting should be aware:

Recommendations and restrictions while in camp:

Allergies to Medicine _____
Special diet _____
Special medicine (name it) _____ Is parent sending it? _____
 Swimming/Diving _____ Strenuous activity _____
 Other _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in physically strenuous athletic camp activities.

Name of Examining Physician (M.D.) Signature of Examining Physician

Address Phone

Date