

Thundercat Sports – Health Form



PART 1: TO BE COMPLETED BY A PARENT

Town:	Sport:	Dates:
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Camper:	Birth Date:	Sex:	Age:
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Camper's Current School:	Location of School:
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Parent or Guardian:

Street/Town/Zip:	Phone #
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Business or Day Phone #	Cell or Pager #
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Second Parent or Guardian:

Street/Town/Zip:	Phone #
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Business or Day Phone #	Cell or Pager #
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If not available in an emergency, notify	Name & Relationship:	Phone #	Cell #
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Health History: Please circle all that apply to your child.

Diabetes	Bleeding/Clotting Disorders	Frequent Ear Infections
Heart Defect/Disease	Asthma	Severe case of Poison Ivy
Seizures	Migraines	Fainting

Allergies: Please circle all that apply to your child.

Medication	Environmental	Food
Insect bites or bee stings	Seasonal	Other

Additional information on allergies:

Does your child have a prescription for an Epi-pen for any of the above checked allergies:

Recent Operations or serious injuries (Dates):
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Chronic or recurring illness:

Name of child's physician:	Phone #
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Name of child's dentist:	Phone #
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Do you carry family medical/hospital insurance:	Carrier:	Policy or Group #
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Is there any other health related information that should be shared with appropriate staff members:

Parent's or Guardian's Authorization: This health history is correct as far as I know, and the child herein described has permission to engage in all camp activities except as noted by me or the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child. If deemed medically necessary to hospitalize my child, I hereby give permission to the physician to secure proper treatment, to order injections and/or anesthesia and/or surgery for my child named above. I give permission to the camp nurse to share my child's health information with appropriate camp staff members, as deemed necessary. I also give permission to photocopy this form to bring along on camper field trips.

Parent or Guardian Signature _____ **Date** _____

Please notify Thundercat Sports if this camper is exposed to any communicable disease during the three weeks prior to her or his camp attendance.

Authorization to Administer Medication

Medications to be taken during program hours or on an as needed basis:

Name(s): _____

Diagnosis (at parent discretion): _____

Name of medication: _____

Dosage: _____

Route of administration: _____

Frequency & time(s) to be given: _____

Side effects/Special precautions: _____

Specific directions (e.g., on empty stomach/water): _____

Special storage requirements: _____

I hereby give my permission for Thundercat Sports Staff to administer above medication(s) to my son/daughter

(Name) _____

I understand that all medications, prescription and/or over-the-counter, must be in their original containers, must be labeled, and have specific directions for use on the label. A prescription medication must include the prescription number, medication name, date filled, child's name, doctor's name, pharmacy name, and have the expiration date noted.

PARENT/GUARDIAN: _____ **DATE:** _____

PART 2 (immunization history): TO BE COMPLETED BY A LICENSED PHYSICIAN.

Camper must have physical exam within 24 months of attendance at camp.

Please attach immunization history with recorded dates (month & year) and most recent booster doses:

DPT (Diphtheria, Pertussis, Tetanus)	TD (Tetanus, Diphtheria)	Polio	MMR (Measles, Mumps, Rubella)	Measles, 2nd shot required
Chicken Pox	Tuberculin test	HB (Haemophilus influenza)	Hepatitis B	Other

Does the participant have any health issues that may restrict him/her from participating in any recreation activities? If yes, please describe:

Immunization records must be signed and dated by licensed physician.