CHAMPIONS CHOICE LACROSSE CAMPS

MEDICAL FORM

TO BE COMPLETED BY PARENT/GUARDIAN-PLEASE PRINT

| Camper: | | |
|---------------------------------|---------------------|----------------------|
| First I | nitial | Last |
| Birth Date | Age _ | Sex |
| Home Address | | |
| Street | | |
| City | State | Zip |
| Email | | |
| Parent/Guardian | | |
| Home Phone () | | |
| Work Phone () | | |
| Cell Phone () | | |
| | | |
| If not available in an emergen | cy, please notify: | |
| Name | | |
| Relationship | | |
| Home Phone () | | |
| Work Phone () | <u>-</u> | `c |
| Cell Phone () | | |
| HEALTH HISTORY (write | annrovimate da | ites). |
| Rheumatic Fever | E | pilepsy |
| Hearing Impairm Visual Impairme | | |
| German Measles | F0 | ood Allergy sthma |
| Mumps | D | ental |
| Insect/Plant Aller | gy A | appliances |
| Loss of Paired Or | ganC | Chicken Pox |
| Fracture in the last 6 mos | | |
| Surgery in the last 12 mos | | |
| Seizure Disorder | | |
| Spinal Injury | | |
| Hemophilia | | |
| Illnesses requiring hospitaliza | tion in the last 6 | mos.: |
| Other | | |
| Any Restrictions | | |
| **Allergies (give specifics – i | .e. reactions, trea | tments) |
| Bee Sting Food Alle | ergies | |
| Drug Allergies | | |

Important: Please notify the camp if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

In Accordance with New York State Law:

Meningococcal meningitis is a bacterial illness affecting the brain. It can be spread by a cough, sneeze, kiss, sharing drinks or by any other direct contact or airborne means of transportation. Therefore, students/campers residing in small areas, such as dormitories, are at an increased risk for contracting the illness.

The signs and symptoms of meningococcal meningitis are similar to the common flue often making it hard to detect. The signs and symptoms include the following: high fever, nausea, vomiting, fatigue, headache, stiff neck/back, skin rashes and confusion. Frequently not all signs and symptoms occur, and the illness may progress rapidly. Treatment of meningococcal meningitis is antibiotic therapy.

A vaccination is available, and is an effective way to help prevent meningococcal meningitis, although any vaccine is not an absolute guarantee. There are rarely side effects associated with this vaccination. Champions Choice Lacrosse Camps LLC will not provide the meningitis vaccine. Contact your family care provider for information regarding availability and associated costs of the vaccination.

I, the parent of legal guardian have received, reviewed and understand the above information regarding meningococcal meningitis and my son/daughter has either received the immunization with 10 years preceding or has elected not to obtain the immunization against meningococcal meningitis.

| ignature | Date | |
|----------|----------|--|
| _ | | |

2013 Champions Choice Lacrosse Camps, LLC

PLEASE CIRCLE CAMP ATTENDING

Mini Camp 1 - OVERNIGHT - Mini Camp 2 June 24-27 July 7-10 July 29-Aug 1

PARENTS AUTHORIZATION: This health history is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted by me.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director/camp health director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above.

| Signature | Date |
|-----------|------------------------------------|
| PLEASE I | BE SURE TO READ AND SIGN THE ABOVE |

Camp participants will not be permitted to attend a camp unless this form is completed.

> Walk-in registration must have a completed form before participating in camp.

> > Dan Sheehan - Lacrosse Coach LeMoyne College 1419 Salt Springs Rd Syracuse, NY 13214-1399

> > > www.cclaxcamps.com