

CHAMPIONS CHOICE LACROSSE CAMPS

MEDICAL FORM

TO BE COMPLETED BY PARENT/GUARDIAN-PLEASE PRINT

Camper: _____
 First Initial Last

Birth Date _____ Age _____ Sex _____

Home Address _____
 Street

City _____ State _____ Zip _____

Email _____

Parent/Guardian _____

Home Phone (____) _____ - _____

Work Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Other (____) _____ - _____

If not available in an emergency, please notify:

Name _____

Relationship _____

Home Phone (____) _____ - _____

Work Phone (____) _____ - _____ c

Cell Phone (____) _____ - _____

HEALTH HISTORY (write approximate dates):

_____ Rheumatic Fever	_____ Epilepsy
_____ Hearing Impairment	_____ Diabetes
_____ Visual Impairment	_____ Food Allergy
_____ German Measles	_____ Asthma
_____ Mumps	_____ Dental
_____ Insect/Plant Allergy	_____ Appliances
_____ Loss of Paired Organ	_____ Chicken Pox

Fracture in the last 6 mos. _____

Surgery in the last 12 mos. _____

Seizure Disorder _____

Spinal Injury _____

Hemophilia _____

Illnesses requiring hospitalization in the last 6 mos.:

Other _____

Any Restrictions _____

**Allergies (give specifics – i.e. reactions, treatments)

Bee Sting _____ Food Allergies _____

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 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.

Signature _____ Date _____

2010 Champions Choice Lacrosse Camps

PLEASE CIRCLE CAMP ATTENDING

Winter Edition – OVERNIGHT – MINI CAMP

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 BE SURE TO READ AND SIGN THE ABOVE

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

On-site registration must have a completed form before participating in camp.

**Dan Sheehan – Lacrosse Coach
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www.cclaxcamps.com