Below The Rim Basketball Camp
Health History and Examination Form

Please return to :
Below the Rim Basketball Camp
16 Whispering Way
Stow, Ma. 01775

Please complete and return by:
May 1th 2019

This side to be filled in by a parent and checked with physician at the time of examination:

Camper ________________________________ **Birth Date** ______________ **Sex**______ **Age** _____

Parent or Guardian____

Health History (Yes/No: give dates if applicable)

Frequent Ear Infections	Hay Fever	Chicken Pox
Heart Defect/Disease	Poison Ivy	Measles
Convulsions	Insect Stings	German Measles
Diabetes	Penicillin	Mumps
Bleeding/Clotting Disorders	Other Drugs	Asthma

Operations or serious injuries (Dates) ____

Chronic or recurring illness ____

Other diseases or details of above ____

____

Name of dentist/orthodonist____ **Phone** ________________________

Name of family physician ____ **Phone**________________________
(If other than examining physician)

Do you carry family medical/hospital insurance ? ____________________

If so indicate : Carrier _____________________________________ **Policy or Group #** ________________________________

Any specific activities to be encouraged ____

Or restricted ? ____

Suggestions on health related information to be shared with appropriate staff members_________________________________

____

Important - Must be completed for Attendance

Parents Authorization: This health history is correct as far as I know, and the person herein described has the permission to engage in all precibed camp activities, except as noted by me and the examining physician.

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, and in the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child named above. I also agree to give permission to photocopy this from for use of camp.

Signature____ Date __________________________

This side to be filled out by licensed physician.

Immunization History

Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Month/Yr	Month/Yr	Month/Yr	Month/Yr	Month/Yr
DPaT Diptheria, Pertussis, Tetanus					
TD (Tetanus, Diptheria)					
Tetanus					
Polio					
MMR Measles, Mumps, Rubella					
Varicella					
Hepatitis B					
Hib (Haemophilus influenza)					
Other					

Date of last physical examination: ______________________________

(Must be within 12 months of child's attendance at camp)

Height__________________________ Weight ________________ Blood Pressure_________________

Is the applicant currently under the care of a physician? If yes, why.

____

____

Recommendations and/or restrictions while in camp:

Allergies (food, drugs, insects) ___________________________________

____

Current medications :____

Is parent sending it to camp ? ____________________________________

(Prescription medication must be in original container with doctor's prescription on it and must be kept in director's office)

Special diet ____

Restrictions Swimming, diving ____

Strenuous activity____

Other ____

I have examined the child herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in all camp activities, unless otherwise noted above.

Licensed Physician's Signature ____ Date ___________________

Address ____ Phone ____________________

Please sign both sides and return to:
Below The Rim Basketball Camp Inc
16 Whispering Way
Stow, Ma 01775
Tel. No (978) 562 5603

In consideration of my son/daughter becoming a camper at the Below The Rim Basketball Camp Inc (the "camp"), I ___________________________________ the parent/guardian of ____ (please print). Hereby authorize the camp or its representatives to obtain emergency medical treatment on behalf of my son/daughter in the event that, in the opinion of the said camp, my son/daughter is in need of such treatment. I further agree that I will be responsible for the payment of such medical treatment and further release said camp or its representatives for any damages sustained by me in the connection with the providing of emergency medical treatment. The camp agrees to contact the parents or guardian as soon as is reasonably possible after the event which requires said emergency treatment, at the telephone number(s) indicated on the back of this form.

I further agree that I will be responsible for the payment of any cost of medical treatment of any such nature which arise in connection with any sickness or accident which may occur during that period and my son/daughter is at the camp, whether such expense is incurred during or subsequent to the time that my son/daughter attends the Camp and will indemnify and hold harmless the Camp for any claims for payment by the providers of said medical care.

Signature of Parent or Guardian. _____________________

Date ________________________

Please complete and sign the back of this form. Thank you

Student Emergency Medical Release Information

Please Print:

Student's Name ____

Student's Address ____

Home Phone Number ____________ Cell ______________________

Date of Birth ____________________

Name of Parent or Guardian __________________________

Work Phone Number _____________________________

Name of Nearest Relative to be notified if parents cannot be reached.________________________

Address ____

Phone Number Home _______________ Work _________________

Family Physician _____________________________

Phone Number _________________________

Medical Insurance Company___________________

Phone Number ____________________

Policy Number _________________

List of Allergies ___________________

Date of last tetanus shot _________________

Date of last Physical Examination ____________

Date Student will be attending camp _____________

Signature of Parent/ Guardian __________________________

Please check if you do not want photographs of your child on our website or future publications. _____