PERSONAL HEALTH AND MEDICAL RECORD
TO BE COMPLETED BY A PARENT
(Need not be completed by physician)

OVERNIGHT CAMP – SESSION III August 2nd – 5th, 2020

Camper Name___________________________ Email:__________________________________

Address______________________________City,State,Zip______________________________

Date of Birth_____/_____/_____ Age_______ Sex_______

EMERGENCY CONTACTS

1. Name________________________________ Relationship_____________________
   Address______________________________ Home Phone_____________________
   City, State, Zip________________________ Other Phone______________________

2. Name________________________________ Relationship_____________________
   Address______________________________ Home Phone_____________________
   City, State, Zip________________________ Other Phone______________________

EMERGENCY MEDICAL INFORMATION

I have or am subject to *(check and give details)*
___Asthma ___Convulsions___Heart Trouble ___Diabetes ___Fainting
___High Blood Pressure ___Allergy or reaction to any toxin ___Contact Lenses
___Any other condition that may require emergency or special care, medication or knowledge.
Explain____
____

APPROVED FOR PARTICIPATION IN

___Hiking and camping ___Water activities ___Competitive Sports

Explain any restriction or
limitations____
____

IMMUNIZATIONS:

	Month/Year Given	Check if Needed
Tetanus	_______________	___
Diphtheria	_______________	___
Polio	_______________	___
Hepatitis B	_______________	___
	_______________	
	_______________	

HAS HAD:

	Vaccination	Disease
Measles	___	___
Mumps	___	___
Rubella	___	___
Whooping Cough	___	
Chicken Pox	___	

MEDICAL HISTORY

Date of most recent physical exam (month and year)_____________________________________
Do you have any current health problems?____
Are you under medical care or taking any medicines?___________________________________
Has there been any surgery, injury, illness, allergies or change in health status since last
physical?____

Is there disease of (or history of):

	No	Yes	Year	Details
Serious Illness	___	___	_______	______________________
Serious Injury	___	___	_______	______________________
Deformity	___	___	_______	______________________
Surgery	___	___	_______	______________________
Skin, Glands	___	___	_______	______________________
Eyes, Ears	___	___	_______	______________________
Nose, Sinus	___	___	_______	______________________
Teeth, Tonsils	___	___	_______	______________________
Dentures	___	___	_______	______________________
Bridges	___	___	_______	______________________
Chest, Lungs	___	___	_______	______________________
Heart	___	___	_______	______________________
Murmur	___	___	_______	______________________
Rheumatic Fever	___	___	_______	______________________
Stomach, Bowels	___	___	_______	______________________
Appendicitis	___	___	_______	______________________
Kidney Infection	___	___	_______	______________________
Urine Infection	___	___	_______	______________________
Bed-Wetting	___	___	_______	______________________
Hernia Rupture	___	___	_______	______________________
Back, Limbs, Joints	___	___	_______	______________________
Sleep Walking	___	___	_______	______________________
Behavioral Condition	___	___	_______	______________________
Other	___	___	_______	______________________

HEALTH INSURANCE INFORMATION

Company Name______________________________Policy #______________________________

Is this an HMO ?_________ Group #____

STAFF AUTHORIZATION

To the best of my knowledge, the above history is correct and complete. I know of no reason to restrict my activity at the Baggett's Court Vision Basketball Camp. I can participate in all activities except as specifically noted herein. In the event of an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for me.

Date________________ **Signature ________________________________**

Baggett's Court Vision
P.O. Box 6874
Lawrenceville, NJ 08648

This form must be completed and signed in order for your child to attend Baggett's Court Vision!!