



# VILLANOVA FIELD HOCKEY CAMP

## Health Care Permission Form

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

### Parental Permission

Parents will be notified in the event of serious illness or injury at camp and that they may be required to take the camper home for medical treatment. First aid will be provided at the camp for less serious problems, and anyone requiring immediate attention will be taken to a local emergency care unit. The law requires that parental permission be obtained for medical procedures on minors. Such permission is needed in advance to avoid delays in securing medical treatment, especially in emergency circumstances.

Therefore, the permission statement below must be signed before a camper can be enrolled in the **Villanova Field Hockey Camp**.

A.) I give permission for such medical or nursing care as may be deemed necessary for my daughter \_\_\_\_\_, by the camp medical staff. I authorize transportation of my daughter to an emergency medical facility for evaluation and/or treatment.

B.) The following person is authorized to act on my behalf in all matters in statements above, in case I am not available to be consulted in a timely manner. (Be sure to designate someone in whom you have confidence, which will be readily available and willing to act in your absence.)

### Please Print

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Doctor: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ In whose name is the policy listed: \_\_\_\_\_

When was the last time the camper had a Tetanus Toxoid booster? \_\_\_\_\_

Is the camper allergic to any medications, food, or other substances? ( ) No ( ) Yes  
*If yes, please list and describe any reactions.*

Does the camper take any medications regularly? ( ) No ( ) Yes *Why and what kind?*

Has the camper's physical activity ever been restricted for health reasons? ? ( ) No ( ) Yes  
*Please describe.*

Does the camper have any chronic health problems? ? ( ) No ( ) Yes *Please explain.*

Is the camper now under any physician's care for any reason? ? ( ) No ( ) Yes *Please explain.*

How would you describe the camper's general health?

Please add anything else about the camper's health which might be helpful.