

**RIPPIN' ROPE LACROSSE CAMPS  
HEALTH HISTORY & RELEASE FORM**

**\*\*You Must Bring This Form To Camp\*\*  
(you cannot be admitted to camp without this completed form)**

CAMP LOCATION \_\_\_\_\_

Camper's Name \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Ht. \_\_\_\_\_ Wt: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**HEALTH HISTORY**

**IF THE CAMPER SHOULD BE RESTRICTED FROM ANY ACTIVITY, PLEASE  
NOTE:** \_\_\_\_\_

**If the camper will be taking medication during camp, please indicate name of drug and dosage:**  
\_\_\_\_\_

**Please identify any medical condition or history which would require special attention:**  
\_\_\_\_\_

**Has the camper had any of the following? (Please circle for YES):** Asthma, Chicken Pox, Diabetes, German Measles, High Blood Pressure, Measles, Mumps, Pneumonia

**IMMUNIZATIONS**

(include dates)

Tetanus Toxoid \_\_\_\_\_

Polio Vaccine \_\_\_\_\_

Tuberculin Test \_\_\_\_\_

Measles \_\_\_\_\_

Rubella \_\_\_\_\_

**ALLERGIES**

(yes/no)

Hay Fever \_\_\_\_\_

Asthma \_\_\_\_\_

Eczema \_\_\_\_\_

Insect Stings \_\_\_\_\_

Other (type) \_\_\_\_\_

**DRUG REACTIONS**

(yes/no)

Sulpha \_\_\_\_\_

Penicillin \_\_\_\_\_

Antibiotics (type) \_\_\_\_\_

Other \_\_\_\_\_

Physician's  
Name \_\_\_\_\_

(Address) \_\_\_\_\_

(Telephone) \_\_\_\_\_

**INSURANCE INFORMATION**

Carrier Name: \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

I, the parent of \_\_\_\_\_, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the named person below, before taking this action. I hereby waive and release the Rippin' Rope Lacrosse Camp of Rippin' Rope Lacrosse LLC, staff, camp management and sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

(Sign) \_\_\_\_\_ Date \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_

My Phone Number while my child is at camp: (if different from above): (\_\_\_\_) \_\_\_\_\_

Person to contact in the event I cannot be reached: \_\_\_\_\_

Phone number of emergency contact person: (\_\_\_\_) \_\_\_\_\_ I

understand Rippin' Rope Lacrosse LLC retains the right to use for publicity and advertising purposes, photographs of campers taken at camp: (sign) \_\_\_\_\_