

# ELITE POLO 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 \_\_\_\_\_

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 \_\_\_\_\_

Physician's Signature \_\_\_\_\_

(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 Elite Polo Camps, 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 Elite Polo Camps retains the right to use for publicity and advertising purposes, photographs of campers taken at camp: \_\_\_\_\_

Signature

Date