



Tier 1 Lacrosse Camp

at Dickinson College



Location: Dickinson College - Carlisle, PA 17013
Dates: Tuesday, June 15th – Friday, June 18th, 2010

HEALTH FORM

Complete this form in full, including signature of physician, and return it to:

Tier 1 Lacrosse Camp, PO Box 1403, Carlisle, PA. 17013

Campers will not be allowed to participate without the completed health and parental release forms.

First Name: _____ Last Name: _____

Height: _____ Weight: _____ Age: _____ Sex: _____

Medical History (Please circle for “yes”)

German Measles- Measles– Mumps– Scarlet Fever– Chicken Pox– Diabetes- Pneumonia
 Other: _____

Immunization History (Month/Year)	Allergy History (Yes/No)	Drug Reactions (Yes/No)
Small Pox Vaccine _____	Hay Fever _____	Sulpha _____
Diphtheria _____	Asthma _____	Penicillan _____
Tetanus Toxoid _____	Eczema _____	Antibiotic _____
Polio Vaccine _____	Hives _____	Other _____
Tuberculin Test _____	Insect Sting _____	
Measles _____		

If medication will be taken during camp, indicate name of the drug and dosage:

Please list any pertinent medical information we should have regarding past injuries, past medical history, or suggested physical limitation relating directly to the participant’s ability to participate in the camp for six or more hours per day.

I certify that the above-named individual is able to participate fully in the activity listed above, based on physical examination within 12 months prior to said camp date.

 (Signature of Physician) (Date)

 (Street Address) (City) (State) (Zip)