



**HEALTH FORM**  
**205 RISING JUNIOR LACROSSE CAMP**  
**ADMINISTRATIVE OFFICE**  
 17 EASTPORT COURT  
 LUTHERVILLE, MD 21093  
 410-321-1972 (VOICE)  
 410-321-1140 (FAX)  
 RISINGJUNIORS@205LACROSSECAMPS.COM

This form must be completed in FULL, including signature of physician, and returned to 205 Rising Junior Lacrosse Camp at 17 Eastport Court, Lutherville, MD 21093 no later than June 1, 2010. Campers will NOT BE ALLOWED to participate without the completed medical form.

Position: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

I can be reached by phone at: \_\_\_\_\_ and an emergency/alternative contact person is:  
 \_\_\_\_\_ And can be reached by phone at: \_\_\_\_\_

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 \_\_\_\_\_  
 Diptheria \_\_\_\_\_  
 Tetanus Toxioid \_\_\_\_\_  
 Polio Vaccine \_\_\_\_\_  
 Tuberculin Test \_\_\_\_\_  
 Measles \_\_\_\_\_

Hay Fever \_\_\_\_\_  
 Asthma \_\_\_\_\_  
 Eczema \_\_\_\_\_  
 Hives \_\_\_\_\_  
 Insect Stings \_\_\_\_\_

Sulpha \_\_\_\_\_  
 Penicillan \_\_\_\_\_  
 Antibiotic \_\_\_\_\_  
 (Type) \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 Please list any pertinent medical information we should have regarding past injuries, past medical history, or suggested physical limitations 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 above-named activity, based on physical examination within 12 months prior to said camp date.

\_\_\_\_\_  
 (Signature of Physician) (date)

\_\_\_\_\_  
 (Street Address) (City) (State) (Zip)