Hi-Five Sports Chicago Camp Health Form
Email To: Gary@hifivesports.com
The health form is kept confidential and used by our health services staff (or emergency medical personnel). **Every camper needs a completed health form to participate in any summer camp programs. Please fill out this form as completely as possible.** Thank you!

Camper Name(Last)_____(First)_____(Gender)_____Male_____Female_____

Home Address_____City_____State____Zip_____

Custodial Parent/Guardian (Name)_____(Phone Home/Cell/Work)_____

Home Address (if different than child)_____Business Address_____

Custodial Parent/Guardian #2 (Name)_____(Phone Home/Cell/Work)_____

Home Address (if different than child)_____Business Address_____

Section I – Insurance Information

Is the camper covered by family medical/hospital insurance? Yes / No
If yes, indicate Insurance Carrier_____
Group #_____ Policy #_____
Policy Holder's Name_____ Relationship to participant_____

Section II – Medications

Will camper be taking medications while at camp? Yes / No *(Medications include prescription, over-the-counter, vitamins, inhalers, etc.)*

_____ I want the medication or medical devices self-administered.
_____ I want the medication or medical device administered by the Hi-Five Certified Trainer. However, a limited amount of medication for life threatening conditions should be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

Medication_____ Dosage_____ Take at what times_____
Reason for Taking_____
Prescribing Physician_____ Phone_____

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Section III – Allergies

Camper does not have any Allergies
Camper is allergic to:
1. Hay Fever 2. Poison Ivy/Oak 3. Insect Stings 4. Food 5. Penicillin 6. Other Drugs 7. Other

List allergy. Describe reaction and treatment:
_____
_____
_____
_____
_____

SECTION IV – IMMUNIZATIONS

Please record the month and year of immunizations. If you do not know the dates or whether camper has had certain immunizations, simply leave blank.

_____DPT (Diphtheria, Pertussis, Tetanus)
_____Tetanus Booster
_____Polio
_____MMR (Measles, Mumps, Rubella)
_____HIB (Haemophilus Influenza B)
_____Tuberculin Test
_____Varicella (Chicken Pox)
_____Hepatitis B

SECTION V – HEALTH HISTORY

Please know that we value your privacy. Health History information is available only to the camp health staff. The more information you provide, the better we can do our job. Thanks!

Has the camper have a history of or is prone to any of the following (Please check all that apply).

	Recent injury, illness or infectious disease		Chronic or recurring illness
	Asthma		Homesickness
	Frequent Ear Infections		Seizure Disorder or Convulsions
	Dizziness during or after exercise		Chest pain during or after exercise
	Heart Defect/Disease		Hypertension
	Bleeding/Clotting Disorders		Diabetes
	Mononucleosis (in last 12 months)		Chicken Pox
	Measles		German Measles
	Mumps		Tuberculosis
	Hepatitis		Joint problems (knees, ankles)
	Fractures		Frequent Headaches
	Head Injury		Eating Disorder
	Diarrhea or constipation		Frequent Stomachaches
	Wears glasses or contacts		Been Hospitalized
	Wears a Medic Alert ID		

Please list the number and provide explanation for any checked items

_____
_____
_____

Physical Activities to be Limited or Restricted while at Camp

_____
_____
_____

SECTION VI – AUTHORIZATION

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the even I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer, including hospitalization, for the persona named above. This completed form may be photocopied for trips out of camp.

Signature of Parent or Guardian X_____ Date_____

Signature of Minor Aged Camper X_____ Date_____
*If for religious reasons you cannot sign this, contact Hi-Five for a legal waiver, which must be signed for attendance