The Patrick Beilein's Skills Academy Medical Form

TO BE COMPLETED BY PARENT/GUARDIAN-PLEASE PRINT

Camper: _____
First Initial Last

Birth Date _____ Age _____ Gender ____

Home Address _____
Street

_____
City State Zip

Parent/Guardian _____

Home Phone (_____)_____-_____

Work Phone (_____)_____-_____

Cell Phone (_____)_____-_____

Other (_____)_____-_____

If not available in an emergency, please notify:

Name _____

Relationship _____

Home Phone (_____)_____-_____

Work Phone (_____)_____-_____

Cell Phone (_____)_____-_____

HEALTH HISTORY (write approximate dates):

_____ Rheumatic Fever
_____ Hearing Impairment
_____ Visual Impairment
_____ German Measles
_____ Mumps
_____ Insect/Plant Allergy
_____ Loss of Paired Organ
_____ Epilepsy
_____ Diabetes
_____ Food Allergy
_____ Asthma
_____ Dental Appliances
_____ Chicken Pox

Fracture in the last 6 mos. _____

Surgery in the last 12 mos. _____

Seizure Disorder _____

Spinal Injury _____

Hemophilia _____

Illnesses requiring hospitalization in the last 6 mos.:
_____

Other: _____

Any Restrictions _____

**Allergies (give specifics – i.e. reactions, treatments)

Bee Sting _____ Food Allergies _____

Drug Allergies_____

Important: Please notify Jimmy Langhurst at (315) 445-4718 if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

PARENTS AUTHORIZATION: This health history is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director/camp health director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above.

Signature _____ Date _____
PLEASE BE SURE TO READ AND SIGN THE ABOVE

In Accordance with New York State Law:

Meningococcal meningitis is a bacterial illness affecting the brain. It can be spread by a cough, sneeze, kiss, sharing drinks or by any other direct contact or airborne means of transportation. Therefore, students/ campers residing in small areas, such as dormitories, are at an increased risk for contracting the illness.

The signs and symptoms of meningococcal meningitis are similar to the common flue often making it hard to detect. The signs and symptoms include the following: high fever, nausea, vomiting, fatigue, headache, stiff neck/back, skin rashes and confusion. Frequently not all signs and symptoms occur, and the illness may progress rapidly. Treatment of meningococcal meningitis is antibiotic therapy.

A vaccination is available, and is an effective way to help prevent meningococcal meningitis, although any vaccine is not an absolute guarantee. There are rarely side effects associated with this vaccination. The Complete Game summer camps will not provide the meningitis vaccine. Contact your family care provider for information regarding availability and associated costs of the vaccination.

I, the parent of legal guardian have received, reviewed and understand the above information regarding meningococcal meningitis and my son/daughter has either received the immunization with 10 years preceding or has elected not to obtain the immunization against meningococcal meningitis.

Signature _____ Date _____

A Skills Academy participant will not be permitted to attend unless this form is completed. On-site registration must have a completed form before participating in camp.

While the Academy is being conducted, as an educational program on the Le Moyne College campus, Le Moyne College is not responsible for the operation of the camp.

Authorization
for Medical Treatment of Minors

Name of Minor:_____

Birthdate:_____

Social Security #:_____

Identify allergies or specific medical conditions:
_____

I hereby certify that _____ is in good health and may participate in all camp activities including swimming. I hereby consent to emergency medical treatment by Patrick Beilein, director of the Patrick Beilein's Skills Academy, or camp trainer to act in my behalf in authorizing emergency medical attention beyond that maintained by the camp. I hereby waive and release the camp from any and all liability for injuries incurred while at camp or arising from travel to and from camp. Camp will not be responsible for medical costs. I also give The Patrick Beilein's Skills Academy permission to use at their discretion, any camp photos.

Parent/Guardian Signature:_____

Address:_____

Date:_____

Phone number:_____

Insurance company/Hospitalization: _____

Policy #:_____

Family Physicians: (name and phone)
_____