

MARIST COLLEGE SUMMER PRE-COLLEGE PROGRAM HEALTH FORM

Gaming	_____
Fashion	_____
Business	_____
Env. Science	_____
SportsComm.	_____

Name _____ Birthdate _____ Sex _____ Age _____
 Last First Initial

Parents/Guardians _____ Home Phone _____ Work Phone _____
 Area Code & Number Area Code & Number
 Cell Phone _____

Home Address _____
 Number & Street City State Zip Code

If parents/guardians not available in emergency, notify:

1. _____ Phone _____
 Name (local contact if possible)

 Number and Street City State Zip Code

2. _____ Phone _____
 Name

 Number and Street City State Zip Code

Insurance Information: _____
 Provider ID/Policy #

Authorization to release child - I understand that in addition to the names listed above for emergency, these emergency purpose, other than immediate family members. Under no circumstances will my child/children be released to individuals other than those listed above without my written authorization.

Health History (check and give approximate dates)

	<u>Allergies</u>	<u>Disease</u>
Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Poison Ivy, etc. _____	Measles _____
Convulsions _____	Insect Sting _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Asthma _____

Operations or Serious Injuries (dates) _____
 Chronic or Recurring Illness _____
 Other Diseases or Details of Above _____
 Any specific activities to be restricted? _____

Important: Please notify the campus if this student is exposed to any communicable diseases during the three weeks prior to camp attendance.

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

Signature: _____ Date: _____

Suggestions from parents: _____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series _____ Booster _____ Tetanus Booster _____
Polio DPV (Sabin) _____ Booster _____ Typhoid _____
Measles vaccine (Live) _____ Tyberculin Test _____
German Measles (Rubella) _____ Mumps Vaccine (Live) _____
Smallpox _____ Other _____

Other state or municipal examinations required for staff (if any): _____

MEDICAL EXAMINATION - To be filled out by licensed physician.

This examination should be performed within 12 months of arrival at camp. Examination for other purposes within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Hgt. _____ Wt. _____ B.P. _____ Hgb. Test _____ Urinalysis _____

Eyes _____	Extremities _____
Glasses _____	Posture (spine) _____
Ears _____	Skin _____
Nose _____	Allergy _____
Throat _____	Lungs _____
Teeth _____	Abdomen _____
Heart _____	Hernia _____

General Appraisal: _____

For Girls & Women

Has this person menstruated? _____ If so, is her menstrual history normal? _____
If not, has she been told about it? _____ Special considerations: _____

Recommendations and restrictions while in camp:

Special diet _____
Special medicine (name it) _____ Is parent sending it? _____
Swimming/Diving _____
Strenuous activity _____
Other _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

Telephone _____ M.D.
Area Code and Number _____ Examining Physician _____

Date _____ Address _____