

Date
Received:

Mary Lu Casey Basketball Camp Confidential Health History Form

Part A: Participant Information

Participant's Name _____ Age _____ Date of Birth ___/___/___

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/ Guardian Name _____

Part B: Emergency Contact (If Parent is not available)

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Part C: Health Insurance/ Health History

Please list any medical conditions that might affect your daughter from participating in this program. Please include any medications currently taken by your child on a regular basis. If your child has a condition affecting their participation in the program, your physician must provide written authorization indicating approval of their participation.

Health Insurance Co. _____ Policy Number _____

Primary Care Physician _____ Phone Number _____

Any Allergies or special needs/ concerns/ dietary restrictions, health concerns _____

Any medications (prescription and/ or non prescription including vitamins) currently taking –including dosage _____

Part D: Release Statement

I give permission for my child to be transported in a privately owned vehicle or emergency transportation for medical emergencies and/or for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child. I certify that my child is in good health and has no limitations other than those listed above, which may predispose her to risk during the program. My signature confirms that I give my child permission to participate in the program and for the Athletic Director and Coach to have a copy of her Medical records.

Parent/ Guardian Signature _____ Date _____

Part E: Media Release

I give permission for the Peace of Christ Parish to make use of pictures of my daughter for informational/ advertising purposes on the POC website and bulletin.

Yes

No

Parent/ Guardian Signature _____ Date _____