Academy International Health Record and Release

For camps held in MA, NY and CT all campers must have this form filled out and submitted to AI Staff at camp check-in. This form to be completed and signed by a physician before your child can participate at summer camp. **An attached physician's signed physical dated within two years from the start of camp and a Copy Of Immunization Record will suffice**

PLEASE DO NOT MAI THIS FORM Submit to AI Coaches.

Camp Attending:_____

Name:_____
Last First Middle Initial

DOB:_____ Age:_____ Sex:_____

Parent/Guardian:_____

Address:_____

Phone (Home):_____

Phone (Work):_____

Phone (Cell):_____

*Emergency Contact:*_____

*Phone (Home):*_____

*Phone (Cell):*_____

Health History

____May Participate in all camp activities

____May participate except for_____

_____

Does this individual have allergies? ☐ YES ☐ NO

Explain:_____

_____

Is this individual on a special diet? ☐ YES ☐ NO

Explain:_____

_____

Does the individual have special needs? ☐ YES ☐ NO

Explain_____

I have examined the above camper with in the past two years.

Date Examined_____

Physician's Signature*_____

Physician's Name_____

Today's Date_____

Address_____

Phone _____

PHYSICIAN's SIGNATURE ONLY REQUIRED FOR AI CAMPS IN CT, NY and MA

Immunization History (Please List Dates)

Copy of Immunization Record Preferred and can be attached.

DPT _____ Booster_____

DT_____

Polio OPV (Sabin)_____ Booster_____

Measles/Mumps/Rubella (MMR) #1_____ #2_____

Hepatitis B #1_____ #2_____ #3_____

Chickenpox_____

Tetanus_____

Turberculin_____

Pneumococcal Conjugate_____

Haemophilus Influenza b (HIB)_____

Insurance Information

*Health Insurance Provider:*_____

Policy/ID Number_____

Policy Holder's Name & DOB_____

*Insurance Provider Contact: Phone*_____

Mailing Address_____

Please include a photocopy of your Health Insurance card for our records.

Parent's Authorization

This health history is correct and the person herein described, has permission to participate in all activities except as noted. I give my child permission to be treated for illness and injury by emergency response personnel. I understand that every attempt will be made to contact me or the emergency contact.

I hereby hold Academy International LLC and its agents and employees Harmless from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURYTO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

Parent Signature_____Date_____