

YOUTH CAMP HEALTH EXAM/RECORD

Physical Exams are Valid for 3 Years from Date of Last Examination

PLEASE RETURN COMPLETED FORM TO:

Bulldog Rowing Camp, LLC
280 Alden Avenue, New Haven, CT 06515-2114

WEEK(s) ATTENDING: _____

Name _____ DOB _____ Phone _____

Guardian _____

Address _____

Emergency contact _____ Phone(s) _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam _____

_____ May participate in all camp activities

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription medication? YES NO

If YES, indicate prescription: _____

Does the individual have allergies? YES NO Explain: _____

This camper is up-to-date on all the following routine immunizations recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Measles	YES	NO	Hepatitis B	YES	NO
Mumps	YES	NO	Diphtheria	YES	NO
Rubella	YES	NO	Pertussis	YES	NO
Chickenpox	YES	NO	Polio	YES	NO
Tetanus	YES	NO			

NAME OF INSURANCE CARRIER: _____

GROUP OR POLICY NUMBER: _____

Yale University insurance policy requires that a camper's family health insurance plan be responsible for any medically related services provided to their child. The camper's complete medical form must include the family's insurance provider and current policy number.

NAME OF FAMILY PHYSICIAN: _____

TELEPHONE: _____

ASSUMPTION OF RISK AND PERMISSION FOR TREATMENT – MUST BE COMPLETED BEFORE ATTENDING CAMP. Parental authorization: The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities noted by me and examining physician. Permission is hereby granted for medical and surgical care and treatment to be provided by medical personnel at Yale University Health Services or Yale-New Haven Hospital. Should a medical emergency arise during a field trip, permission is granted to obtain treatment at a nearby hospital. I also understand that participation in sports activities can result in injury and that I will not hold the camp, staff, or Yale University responsible should any event occur unless negligence has occurred.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE _____

SIGNATURE of Physician, APRN, or PA: _____ DATE _____