



HEALTH FORM

NAME OF CAMP: _____

CAMP DATES: _____

CAMPER'S PERSONAL INFORMATION

Camper's Name: _____ Gender: M F

Date of Birth: _____ Age: _____

Permanent Address (street): _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact:

If the camper is under the age of 18, the primary contact must be the camper's legal parent/guardian.

Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____

Secondary Emergency Contact:

Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____

IMPORTANT: All campers are required to provide up-to-date immunization records upon arrival at check-in. Please refer to page 2 of the Health Form to obtain more information about immunization requirements for Princeton University Sports Camps.

BRING TO CHECK-IN. DO NOT MAIL OR FAX.

This form is required for each camp you are attending.

If you are attending multiple camps, please make enough copies to hand one in at each camp check-in.

Camper's Last Name: _____

INSURANCE INFORMATION:

Health Insurance Carrier: _____

Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

HEALTH HISTORY:

Does the camper currently have any allergies or history of concussions? List all that apply: _____

Please provide any information about current physical, mental or psychological conditions that may affect the camper's ability to fully participate in the program: _____

Has the camper been hospitalized within the past 5 years? No Yes

If yes, please describe: _____

Is the camper currently taking any medications (prescription and over-the counter): No Yes

If yes, please list the drug(s) and dosage: _____

In accordance with N.J.A.C. 8:25-5.3(h), Princeton University will not administer medications of any type (prescription or over-the-counter) to camp participants of any age. Princeton University will not be held responsible for housing/storing medication(s). Parent(s)/Legal Guardian(s) and camp participants will be held responsible for administering and housing/storing medication(s) in a discrete place during camp.

We strongly recommend Parent(s)/Legal Guardian(s) of camp participants that have been prescribed medication(s) that are self-administered to treat potentially life-threatening conditions (i.e. inhalers, EpiPen) meet with the Health Director during check-in to discuss their use.

IMMUNIZATION HISTORY:

All Princeton University Sports Camp participants are required to provide copies of immunization records from a physician's office or a valid medical and/or religious exemption from immunization. All campers must provide records that satisfy the immunization schedule set forth at Immunization of Pupils in School, N.J.A.C. 8:57-4 or provide an official letter from a physician indicating that immunization is in progress. Your camper WILL NOT be allowed to participate without the appropriate medical records.

New Jersey Youth Camp Standards require campers to be immunized with the vaccinations required for child-care center, preschool or school attendance as appropriate for the camper's age, according to the immunization schedule found in N.J.A.C. 8:57-4. An immunization schedule can be found at <http://nj.gov/health/cd/documents/k12-parents.pdf>. Campers who do not comply with this schedule will not be allowed to participate in camp.

I am the legal parent/guardian of the above named participant. I hereby certify that to the best of my knowledge, the information requested is complete and correct.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____

BRING TO CHECK-IN. DO NOT MAIL OR FAX.

This form is required for each camp you are attending.

If you are attending multiple camps, please make enough copies to hand one in at each camp check-in.