

# CHAMPIONS CHOICE LACROSSE CAMPS

## MEDICAL FORM

TO BE COMPLETED BY PARENT/GUARDIAN-PLEASE PRINT

Camper: \_\_\_\_\_

First Initial Last

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If not available in an emergency, please notify:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_`c

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### HEALTH HISTORY (write approximate dates):

_____ Rheumatic Fever	_____ Epilepsy
_____ Hearing Impairment	_____ Diabetes
_____ Visual Impairment	_____ Food Allergy
_____ German Measles	_____ Asthma
_____ Mumps	_____ Dental
_____ Insect/Plant Allergy	_____ Appliances
_____ Loss of Paired Organ	_____ Chicken Pox

Fracture in the last 6 mos. \_\_\_\_\_

Surgery in the last 12 mos. \_\_\_\_\_

Seizure Disorder \_\_\_\_\_

Spinal Injury \_\_\_\_\_

Hemophilia \_\_\_\_\_

Illnesses requiring hospitalization in the last 6 mos.:

Other \_\_\_\_\_

Any Restrictions \_\_\_\_\_

\*\*Allergies (give specifics – i.e. reactions, treatments)

Bee Sting \_\_\_\_\_ Food Allergies \_\_\_\_\_

Drug Allergies \_\_\_\_\_

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

### In Accordance with New York State Law:

Meningococcal meningitis is a bacterial illness affecting the brain. It can be spread by a cough, sneeze, kiss, sharing drinks or by any other direct contact or airborne means of transportation. Therefore, students/campers residing in small areas, such as dormitories, are at an increased risk for contracting the illness.

The signs and symptoms of meningococcal meningitis are similar to the common flue often making it hard to detect. The signs and symptoms include the following: high fever, nausea, vomiting, fatigue, headache, stiff neck/back, skin rashes and confusion. Frequently not all signs and symptoms occur, and the illness may progress rapidly. Treatment of meningococcal meningitis is antibiotic therapy.

A vaccination is available, and is an effective way to help prevent meningococcal meningitis, although any vaccine is not an absolute guarantee. There are rarely side effects associated with this vaccination. Champions Choice Lacrosse Camps LLC will not provide the meningitis vaccine. Contact your family care provider for information regarding availability and associated costs of the vaccination.

I, the parent of legal guardian have received, reviewed and understand the above information regarding meningococcal meningitis and my son/daughter has either received the immunization with 10 years preceding or has elected not to obtain the immunization against meningococcal meningitis.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**2023 Champions Choice  
Lacrosse Camps, LLC**

**Summer 2023**

**PARENTS AUTHORIZATION:** This health history is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted by me.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director/camp health director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE BE SURE TO READ AND SIGN THE ABOVE**

*Camp participants will not be permitted to attend a camp unless this form is completed.*

*Walk-in registration must have a completed form before participating in camp.*

*Dan Sheehan – Lacrosse Coach  
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[www.cclaxcamps.com](http://www.cclaxcamps.com)