

**Paul Hogan Basketball & Soccer Camps
Annual Health Screening Form**

*This form is to be **completed by the parent/guardian** before participation in the Specialty, Rip City or Point Guard Basketball and/or Soccer Camps under the direction of Coach Paul Hogan by the registered camper. Any special needs for a child should be documented in writing (typed) for our records. Any medication needs should be documented for our staff and trainer to assist with the handling of such needs. **Please print answers to all the questions and please meet with our trainer and/or site director during the registration time on day one of the camp. Campers registered on-line have already completed this information using the on-line registration process.**

Name _____ Male ___ Female ___ HT. ___ WT. ___ BIRTHDATE ___/___/___

ADDRESS _____ CITY/STATE _____ ZIP _____

DATE OF LAST TETANUS SHOT _____ FAMILY DOCTOR _____

*Students are required to have a Tetanus Booster (shot) 10 years after their last DPT/TD/DT by New Hampshire State Law. The law requires that children not properly immunized must be excluded from school. If it has been more than six years, please get a tetanus booster administered by a physician.

NOTIFY IN CASE OF EMERGENCY _____ **Phone #** _____

1. In the last year, have you had any problems with your head, back, arms or legs? No ___ If yes, what are the problems? _____

2. Have you had an operation or serious illness within the past year? No ___ If yes, what? _____

Have you ever been told to give up sports because of a health problem? No ___ If yes, what? _____

3. **MEDICATIONS**

Currently on any medications? No ___ If yes, please list.

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Allergies/Bee Sting? No ___ If yes, do you need any medications? Please list.

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Do you use an inhaler for respiratory problems? No ___ If yes, do you need an inhaler during sports?

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4. Please write down any other information you feel would be pertinent?

I HEREBY AGREE THAT THE ABOVE STATEMENTS OF MEDICAL HISTORY ARE ACCURATE AND I GIVE MY CONSENT FOR THIS STUDENT TO PARTICIPATE IN ALL CAMP ACTIVITIES.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

HOME PHONE _____ **EMERGENCY PHONE** _____

***Please bring this in completed at the time of registration on the first day of camp.**

Camp/Camps Attending: ___ Rip City ___ Pt, Guard ___ Specialty ___ Play On!