

**Paul Hogan Basketball Camps--Paul Hogan Basketball Camps, LLC  
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 Camps operated by Paul Hogan Basketball Camps, LLC of 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/or athletic trainer to assist with the handling of such needs. **Please print answers to all the questions and please meet with our athletic trainer and/or site director during the registration time on day one of the camp.**

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 medical or physical problems including 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.

\* \_\_\_\_\_

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

\*

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

\*

\_\_\_\_.  
4. Are there any limitations on physical activity?

5. 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 CAMPER 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. Forms will be available at registration time. One form can be used for all the NHTI camps being attended.**

**Camp/Camps Attending: Rip City \_\_\_\_\_ Pt, Guard \_\_\_\_\_ Specialty \_\_\_\_\_**