

EARLY PROSPECTS FALL BASEBALL CAMP

MEDICAL WAIVER FORM

Camper Name _____

Address _____ City, State, Zip _____

Date of Birth ____/____/____ Age _____ Sex _____

EMERGENCY CONTACTS

1.) Name _____ Relationship _____
 Address _____ Home Phone _____
 City, State, Zip _____ Other Phone _____

2.) Name _____ Relationship _____
 Address _____ Home Phone _____
 City, State, Zip _____ Other Phone _____

EMERGENCY MEDICAL INFORMATION

I have or am subject to (*check and give details*)

Asthma Convulsions Heart Trouble Diabetes Fainting
 High Blood Pressure Allergy or reaction to any toxin Contact Lenses
 Any other condition that may require emergency or special care, medication or knowledge
 Explain _____

APPROVED FOR PARTICIPATION IN

Hiking and camping Water activities Competitive Sports

Explain any restriction or limitations _____

IMMUNIZATIONS

HAS HAD

	Month/Year Given	Check if Needed	Vaccination	Disease
Tetanus	_____	___	___	___
Diphtheria	_____	___	___	___
Polio	_____	___	___	___
Hepatitis B	_____	___	___	___
			Measles	___
			Mumps	___
			Rubella	___
			Whooping Cough	___
			Chicken Pox	___

MEDICAL HISTORY

Date of most recent physical exam (month and year) _____

Do you have any current health problems? _____

Are you under medical care or taking any medicines? _____

Has there been any surgery, injury, illness, allergies or change in health status since last physical? _____

Is there disease of (or history of):

	No	Yes	Year	Details
Serious Illness	_____	_____	_____	_____
Serious Injury	_____	_____	_____	_____
Deformity	_____	_____	_____	_____
Surgery	_____	_____	_____	_____
Skin, Glands	_____	_____	_____	_____
Eyes, Ears	_____	_____	_____	_____
Nose, Sinus	_____	_____	_____	_____
Teeth, Tonsils	_____	_____	_____	_____
Dentures	_____	_____	_____	_____
Bridges	_____	_____	_____	_____
Chest, Lungs	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Murmur	_____	_____	_____	_____
Rheumatic Fever	_____	_____	_____	_____
Stomach, Bowels	_____	_____	_____	_____
Appendicitis	_____	_____	_____	_____
Kidney Infection	_____	_____	_____	_____
Urine Infection	_____	_____	_____	_____
Bed-Wetting	_____	_____	_____	_____
Hernia Rupture	_____	_____	_____	_____
Back, Limbs, Joints	_____	_____	_____	_____
Sleep Walking	_____	_____	_____	_____
Behavioral Condition	_____	_____	_____	_____
Other	_____	_____	_____	_____

HEALTH INSURANCE INFORMATION

Company Name _____ Policy # _____

Is this an HMO? _____ Group # _____

STAFF AUTHORIZATION

To the best of my knowledge, the above history is correct and complete. I know of no reason to restrict my activity at the **Early Prospects Baseball Camp**. I can participate in all activities except as specifically noted herein. In the event of an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for me.

Date _____

Signature _____

Early Prospects Baseball Camp
 Rider University
 2083 Lawrenceville Rd.
 Lawrenceville, NJ 08648

This form must be completed and signed in order for your child to attend the Early Prospects Baseball Camp.

