

King of the Hill Tournament

Swarthmore College in Swarthmore, PA

Thursday, June 24th – Saturday, June 26th, 2010
& Saturday, June 26th to Monday, June 28th, 2010

HEALTH FORM

Complete for in full, including signature of physician, and bring it with you to the registration. Participants will not be allowed to participate without the completed health and parental release forms.

Team Name: _____

First Name: _____ Last Name: _____

Height: _____ Weight: _____ Age: _____ Sex: _____

Medical History *(Please circle for "yes")*

German Measles- Measles- Mumps- Scarlet Fever- Chicken Pox- Diabetes- Pneumonia
Other: _____

Immunization History

(Month/Year)

Small Pox Vaccine _____

Diphtheria _____

Tetanus Toxoid _____

Polio Vaccine _____

Tuberculin Test _____

Measles _____

Allergy History

(Yes/No)

Hay Fever _____

Asthma _____

Eczema _____

Hives _____

Insect Sting _____

Drug Reactions

(Yes/No)

Sulpha _____

Penicillan _____

Antibiotic _____

Other _____

If medication will be taken during camp, indicate name of the drug and dosage:

Please list any pertinent medical information we should have regarding past injuries, past medical history, or suggested physical limitation relating directly to the participant's ability to participate in the camp for six or more hours per day.

I certify that the above-named individual is able to participate fully in the activity listed above, based on physical examination within 12 months prior to said camp date.

(Signature of Physician)

(Date)

(Street Address)

(City)

(State)

(Zip)