

# 2014 NORTHWESTERN FIELD HOCKEY CAMP

## Medical Form:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ SS #: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_

\* \* \* \* \*

## Medical Information:

Do you currently have or have you ever had any of the following?

Heart murmurs	Y / N	Epilepsy	Y / N	Diabetes	Y / N	Asthma	Y / N
Allergies	Y / N	Surgery	Y / N	Insect stings	Y / N	Inhalers	Y / N
Heat Exhaustion	Y / N	Fractures	Y / N	Medications	Y / N	Sprains	Y / N

If you answered YES to any of the above, please explain:

Have you ever sustained a head or spinal injury? Have you ever lost consciousness?  
If Yes, please explain

## Physical Information:

Vaccinations: (please give dates of administration)

T/Booster: \_\_\_\_\_ Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_

I certify that I have reviewed the medical history and status of the person above, and certify that she has no medical problems that restrict her from participation in vigorous physical activity while at Northwestern Field Hockey Camp.

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\* A signed copy of a school physical containing this information that is dated no more than 1 year prior to the start of camp will also be accepted.*

\* \* \* \* \*

## Insurance Information:

Policy Holder \_\_\_\_\_ SSN: \_\_\_\_\_

Policy Holder DOB \_\_\_\_\_ Relation to camper: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Claim office phone: \_\_\_\_\_

Name of group employer: \_\_\_\_\_

Claim office address: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Policy Holder Signature: \_\_\_\_\_

## Medical Release:

My daughter, \_\_\_\_\_, is enrolling in Northwestern Field Hockey Camp. My child's physical condition in no way should limit or hinder participation in camp activities, other than noted above. During the time my child is at your camp, if any emergency arises involving the well being of my child, I give you full permission and authority to take such steps as are reasonable and necessary, in your own judgment, to protect and assist my child, and I release you from all responsibility for such action. I agree that I will pay any hospital expenses, doctor bills or any other expenses that may be incurred as a result of treatment given to my child for illness or injury, while attending your camp. I make this statement and commitment as consideration for your allowing my child to be enrolled in your camp and to take part in all activities. Finally, I and my successors, heirs, assigns, and executors agree to save and hold Niner Sports, L. L. C. and Northwestern University, including their staff of coaches, managers, officers, and directors from any and all claims of loss or damage from any injury, illness, or other condition from any cause arising from my child's participation in Northwestern Field Hockey event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_