Amherst Field Hockey Academy, LLC
Health Record and Release Form

Participant's Name:_____ Date of Birth:_____
Home Address:_____ Phone#:_____
Parent's Names and Phone#_____
Emergency Contact Name and Phone#:_____

Allergies/Drug Reactions:

Aspirin: Yes___ No___
Penicillin: Yes___ No___
Sulfa: Yes___ No___
Bee Stings: Yes___ No___
**If yes, does she carry an Epi Pen?:___*
FOOD ALLERGIES: Please List
_____
_____
Other:_____

Current Medications:

_____
_____
_____

Health History:

Asthma: Yes___ No___ Diabetes: Yes___ No___
Epilepsy: Yes___ No___ Heart Problems: Yes___ No___
Head Injuries: Yes___ No___ Mono: Yes___ No___
Orthopedic Injuries: (within the past 6 months):_____
_____

Please indicate Yes or No for over the counter medications that may be administered to your child if necessary due to injury and/or illness, according to the manufacturer's recommendations, by the Amherst Field Hockey Academy Athletic Trainer.
Ibuprofen: Yes___ No___ Tylenol: Yes___ No___ Sudafed: Yes___ No___ Antibiotic Ointment: Yes___ No___
Hyrdocortisone Cream 1%: Yes___ No___ Robitussin DM: Yes___ No___ Benadryl: Yes___ No___
Pepto Bismol: Yes___ No___ Mylanta: Yes___ No___

Health Insurance Information:

****Please enclose a copy of both sides of your insurance card****

Insurance Company Name:_____ Policy Holder Name & DOB_____
Policy Number:_____ Group Number:_____
Insurance Company Address & Phone#:_____

A Copy Of Your Child's CERTIFICATE OF IMMUNIZATIONS Must Be Attached

To be completed by the physician:

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

Physician's Name:_____ Phone#:_____

Physician's Signature:_____ Date:_____

I, the parent/guardian of _____ give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me or the emergency contact named above, before taking this action. I hereby waive and release Amherst Field Hockey Academy, LLC and Staff from any liability for any injury or illness incurred while at camp. I understand that there is a risk of injury to the named camper as a result of camp activities, and knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance coverage shall be the insurance coverage for any medical treatment. I have read the rules and regulations of camp and both camper and I agree to abide by them.

Parent/Guardian Name:_____

Parent/Guardian Signature:_____ Date:_____