

# COOPERSTOWN DREAMS PARK

Camper Information: (to be filled out by parent)

2019 6

Week attending (from/to)

Team Name:

Last Name:  First Name:  Gender:  DOB:

Address:

Parent/Guardian:  Phone#  Home  Work  Cell

If parent / guardian is coming to Cooperstown, address where they are staying

## Health and Immunization History

A photocopy of immunization history **MUST** be attached

Yes / No If your child is covered by health insurance please attach a photocopy of your camper's insurance card

- Allergies (please list)
- Asthma  Mild  Moderate  Severe  Exercise Induced
- Diabeties
- Seizure Disorder
- Heart Disease (please explain)
- Other (please explain)

### - IMPORTANT - THIS CONSENT MUST BE COMPLETED FOR ATTENDANCE -

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as specifically noted. In the event of serious illness or injury, I hereby give Cooperstown Dreams Park Medical Services. permission to provide emergency treatment and referral to a hospital in the event I can not be reached. I give permission to the physician selected by the Camp Health Director to hospitalize, secure proper treatment for, and to provide anesthesia, pain control, and/or other invasive treatments in the event of severe illness or injury to my child as named above. I also give permission for my child's personal, protected medical information provided on this form, and any personal protected health information collected by personnel of Cooperstown Dreams Park Medical Services. to be released to any hospital and/or clinic providing treatment, Cooperstown Dreams Park management, and any insurance company representing Cooperstown Dreams Park. This form may be photocopied for use out of camp.

## Required - PARENTAL AUTHORIZATION AND CONSENT - Required

Signature:  Date:

I, (the above indicated) hereby authorize and entrust the below list of coaches and other persons to act in my place, to exercise full parental authority (including medical care authorization) and control over my child while at Cooperstown Dreams Park.

1.
2.
3.
4.
5.
6.
7.
8.