

# Centrowitz Running Camp 2024

## Health and Release Form

Bring this form with you to camp or email a completed form to centrowitzrunningcamp@gmail.com  
(You will not be admitted to camp without a completed form)

Camper's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Wt. \_\_\_\_\_ Ht. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH & GENERAL HISTORY

- 1) If the camper should be restricted from any activity, please specify: \_\_\_\_\_
- 2) If the camper will be taking medication during camp, please indicate name of drug & dosage and if the camper will be or will NOT be administering by self:  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Please identify any medical condition or history which would require special attention:  
\_\_\_\_\_

**Has the camper had (if yes, please circle):** German Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, High Blood Pressure

#### IMMUNIZATIONS (include dates)

Tetanus Toxoid \_\_\_\_\_  
Polio Vaccine \_\_\_\_\_  
Tuberculin Test \_\_\_\_\_  
Measles \_\_\_\_\_  
Rubella \_\_\_\_\_  
Mumps \_\_\_\_\_  
Chickenpox \_\_\_\_\_  
Pertussis \_\_\_\_\_  
Meningitis \_\_\_\_\_

#### ALLERGIES (yes/no) Reactions/Symptoms

Hay fever \_\_\_\_\_  
Asthma \_\_\_\_\_  
Eczema \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Other (type) \_\_\_\_\_

#### DRUG REACTIONS (yes/no)

Sulfa \_\_\_\_\_  
Penicillin \_\_\_\_\_  
Antibiotics  
(type) \_\_\_\_\_  
Other \_\_\_\_\_

Primary Care Provide's Name: \_\_\_\_\_ Primary Care Provider's Phone: \_\_\_\_\_

Primary Care Provider's  
Address: \_\_\_\_\_

#### INSURANCE INFORMATION:

Carrier Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, the parent of \_\_\_\_\_ give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me or the named person below before taking action. I hereby waive and release the Staff, Centrowitz Running Camp, and Portsmouth Abbey School from any liability for any injury or illness incurred while at camp. **I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK FOR SUCH INJURY.** I will be financially responsible for any medical attention needed during camp or resulting from any injury received at camp. My medical insurance shall be the primary medical insurance for any medical treatment. I hereby certify the named camper is physically able to participate in the Centrowitz Running Camp and that I know of no restrictions, physical impairments, or any other facts which in any manner limits his/her participation in such a program.

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

Home phone # \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Work phone # \_\_\_\_\_

Phone # while child is at camp (if different than above): \_\_\_\_\_

Name and Phone Number of Emergency Contact

Person: \_\_\_\_\_