



SPORTS CAMPS Medical Release Form

We require proof of a recent medical exam (within the past 12 months) and current immunization records. Most Doctor's offices will provide you with their own standard form, which is perfectly acceptable to us. Please fill out this form, following the directions below. You may bring it with you on the first morning of camp or send it back to our office ahead of time (returning it ahead of time will allow for a faster registration process on the first morning).

Return to: Bears Basketball Camp, Tinsley Athletic Center, 325 Plymouth Street, Bridgewater, MA 02325

NO CAMPER WILL BE ALLOWED TO PARTICIPATE IN ANY CAMP ACTIVITIES UNLESS THIS FORM HAS BEEN PROPERLY FILLED OUT AND RETURNED. -- Please Print Clearly.

- Part A is to be completed by everybody.
- Part B must be completed and signed by your family physician only if that office does not provide a standard form of their own.

Part A Please attach copies of a medical exam and current immunization records within the last 12 months or have a doctor complete part B.

Camper Name: _____ Date of Birth: _____

Medical Insurance carrier: _____ Policy / Group Number: _____

Subscriber Name: _____

Parent Release: I hereby release Bridgewater State and the "Bears Basketball Camp" from any and all liability for any injuries and illnesses incurred while at the camp and agree that my child is in good health and able to participate in a camp of this type.

Medical Emergency Waiver: In case of a medical emergency involving my child, every effort will be made to contact me or other parent/ guardian / alternate person. Upon events where I cannot be reached, I hereby give permission for medical treatment deemed necessary for my child to be administered by a qualified Bridgewater State College staff member, emergency medical technician, physician/staff of a hospital, or any other qualified individual.

Parent/ Guardian Signature: _____ Date: _____

Print Name: _____

Part B

MD/NP/PA Signature: _____ Date: _____ Date of most recent exam: _____

Printed Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

The above named patient / camper is generally healthy and capable of participating in a camp of this type: YES NO

Photocopies from School or Physician's Office accepted. (Please attach.)

TB questions below MUST be answered (CIRCLE Y or N)

Immunization	Date of Immunization Month/year
Tetanus/diphtheria (Td) Within 10 years	1 _____
M.M.R. (measles, mumps, rubella) Documentation of (2) doses of measles; first dose must be on or after the first birthday and after 1967; also (1) dose of mumps and (1) dose of rubella. If unable to document MMR immunizations laboratory evidence of immune titers must be submitted to Health Services	1 _____ 2 _____
Hepatitis B Series (3 shots)	1 _____ 2 _____ 3 _____

Have you lived with or spent time with anyone who definitely or possibly had TB?	Y	N
Does anyone living in your household have a positive skin test for TB?	Y	N
Did you or anyone in your household recently immigrate to the U.S. from another country?	Y	N
Are you homeless, living either on the street or in a shelter? Do you spend time with the homeless?	Y	N
Do you, or does anyone in your household use intravenous drugs or other street drugs?	Y	N
Have you ever lived in a nursing home, mental institution or correctional facility?	Y	N
Have you ever received BCG vaccine?	Y	N
Have you received INH (TB medication)?	Y	N

PPD (Mantoux)

Date Read _____ Results _____

Allergies to Medication: _____

Other Allergies (including Food): _____

LIST any medications that you take: _____