

**Basketball Summer Camp at The Albany Academy**  
**Health History and Insurance Form**

**Registration Information:**

Camper's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Resides With: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name (not parent or guardian) \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**Past Medical History:** Please check previous illnesses appropriately.

Frequent Ear Infections	_____	_____	Hypertension	_____	_____
Swimmers Ear	_____	_____	Mononucleosis	_____	_____
Hearing Loss/Aids	_____	_____	Head Injury/Concussion	_____	_____
Ear Tubes	_____	_____	Scoliosis	_____	_____
Ear Plugs Needed For Swimming	_____	_____	Kidney Disease	_____	_____
Seizure Disorder	_____	_____	Urinary Tract Infections	_____	_____
Diabetes	_____	_____	Skin Disorders	_____	_____
Nosebleeds	_____	_____	Other:	_____	
Orthopedic Injury	_____	_____			

Please describe any other existing health condition that has not been mentioned:

Does your child need any special accommodations to attend the summer camp program?

**Allergies:** Please describe your child's allergies as accurately as possible to assure appropriate emergency responses.

Food \_\_\_\_\_

Medications: \_\_\_\_\_

Environmental: \_\_\_\_\_

What type of reaction does your child have when exposed to the allergen? Describe in detail. \_\_\_\_\_

What medication is to be administered in case of an exposure? \_\_\_\_\_

**Asthma:**

Prescribed Medication: \_\_\_\_\_

Frequency of Attacks: \_\_\_\_\_

Attack Triggers: \_\_\_\_\_

**Medications:**

Please list all medications given routinely at home prior to the camper arriving at camp?

\_\_\_\_\_  
\_\_\_\_\_

Does the camper require medication during camp hours? \_\_\_\_\_

If yes, please list medications and time(s) \_\_\_\_\_

***\*Any prescribed or over the counter medication necessary for your child during camp hours require a physician's order and a parent/guardian release before medications may be dispensed. No student may carry medications without a physician's order stating that the student may carry the medications.***

**Insurance Information:**

Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_

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

Full Name of Policy Holder \_\_\_\_\_

Address \_\_\_\_\_

Phone Number of Policy Holder \_\_\_\_\_

Thank you for your cooperation in completing this form. If you have any questions or concerns,  
Please contact Brian Fruscio at (518) 376-6152.