

**Rising Stars Lacrosse Health Information**

- 1. This form is to be filled out and signed by a parent or legal guardian.
- 2. A separate form is to be submitted for each child.
- 3. After filling out health and insurance information this form should be forwarded to the camper's physician for required immunization information and mailed to or brought in at registration. No camper will be allowed to participate in camp without this form.

**\*\*\*School Health Forms are acceptable\*\*\***

**Rising Stars Lacrosse  
10 Jewett Terrace  
Worcester, MA 01605**

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Name of Child's Physician: \_\_\_\_\_  
 Physician's Phone Number: \_\_\_\_\_  
 Are there any medical problems we should be aware of? YES NO (Circle One)  
 Describe any such medical problems, recent accidents, or surgery we should be aware of:

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

List any allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any medication taken regularly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby give my permission for Rising Stars Lacrosse to administer emergency medical treatment to my child. I understand that if the emergency warrants an ambulance one will be provided to transport my child to U Mass Medical Center, (the nearest hospital), for treatment.

\_\_\_\_\_ Date: \_\_\_\_\_  
 (signature of parent/guardian)  
 Print Name: \_\_\_\_\_

**Camp Immunization Record**  
**To be complete and signed by physician and returned to Rising Stars Lacrosse.**

Diphtheria/Pertussis/Tetnus: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Boosters: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_  
 Polio (OPV): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Measles/Mumps/Rubella: \_\_\_\_\_ Booster: \_\_\_\_\_  
 Hepatitis B: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Date of last physical exam: \_\_\_\_\_  
 Signature of Physician: \_\_\_\_\_  
 Date: \_\_\_\_\_