

METROROCK

1200 Constitution Ave
Littleton, MA 01460
978.990.7625

HEALTH HISTORY AND EMERGENCY TREATMENT AUTHORIZATION

Name: _____ Age: _____ DOB: _____

Address: _____

Insurance Company: _____

Medical Insurance Policy No.: _____

Name of Insured: _____

Primary Care Doctor: _____ Phone: _____

In case of emergency while I'm at MetroRock Climbing Camp, please contact:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to participant: _____

Alternative Contact: _____ Phone: _____

Participant Medical Information

Please explain "yes" answers to the below questions

(Does/Has) your child:

- Had a broken bone _____
- Have diabetes _____
- Have asthma _____
- Suffer from seizures _____

Date of last: _____

- Been diagnosed with a heart murmur _____
- Suffered from joint pain/injury _____
- Been dizzy during or after exercise _____
- Had emotional difficulties for which professional help was sought _____

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- Had back problems _____
 - Felt chest pain during exercise _____
 - Wear glasses or contacts _____
 - Ever been knocked unconscious _____
 - Ever been hospitalized _____
 - Ever had surgery _____

Is your child currently taking any medications (prescribed or otherwise): YES / NO

Yes: _____

Does your child have any known allergies or dietary restrictions: (food, medications, bees, insects, other): YES/ NO

Yes: _____

Please describe any current conditions that require medication, treatment, or special restrictions or considerations while at camp:

I hereby grant MetroRock and its agent's full authority to take whatever action they deem necessary regarding my child's health in the case of an emergency where I am unable to make a timely decision. I fully release MetroRock and its agent's from any liability in connection with those decisions. I grant permission for emergency treatment by a private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in my best interest.

Printed name of Child: _____

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

CAMPER IMMUNIZATION RECORDS ARE REQUIRED TO ATTEND CAMP.