



Top New England Camp Since 1977

At the Cardigan Mountain School in Canaan, New Hampshire

Directors: Scott Anderson, Chuck Apel, Matt Apel

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MEDICAL HISTORY FORM 2025

Please complete and sign the medical history form and send it by July 20th.

Mail Address: Cardigan Lacrosse, 25 Deer Run Dr, Bridgewater, NJ 08807

Email to: cardiganlacrosse@gmail.com (pdf form preferred)

After July 20th bring this form to camp.

CAMPER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

FAMILY PHYSICIAN _____ PHONE: _____

INSURANCE COMPANY: _____ POLICY NO. _____

CAMPER'S MEDICAL BACKGROUND

1. Do you require any special medication? _____ If so, please list.
2. Are you allergic to anything? _____ If so please list.
3. Have you had surgery of any kind? _____ If so, please list the dates and condition.
4. Do you have any chronic conditions, i.e., tendonitis, weak ankles, dislocated shoulders, asthma, etc.

Camper's Name _____

5. Have you ever been assessed as having any heart condition? _____

6. Have you ever suffered a concussion or head injury? _____ If so please explain:

7. Have you had any significant injury while playing sports (fractures, sprains, etc.) _____
If so please explain _____

8. Do you have any other medical conditions not covered here that may need to be known in case of an emergency? _____

Other Information: _____

9. Permission to administer over-the-counter medicine (Ibuprofen/Tylenol/Tums). You will be contacted first if we cannot reach you at the time our trainer feels your son would benefit from receiving it, we are asking for your permission to administer it. A voice mail/text message/ email will be sent if your son requires this over-the-counter medicine if we cannot directly contact. Circle: YES or NO Initials _____

Is there a specific over-the-counter medication you do not want us to administer?

CAMP RELEASE FORM

I hereby consent to emergency medical treatment by the Cardigan Lacrosse Camp, the Canaan Rescue Squad and Hitchcock Memorial Hospital and appoint the Camp Directors or Emergency Medical Technician assigned to the Canaan Rescue Squad to act in my behalf in authorizing emergency medical attention beyond that maintained by the camp. I hereby waive and release the camp and the Cardigan Mountain School from all liability for injuries incurred while at camp or arising from travel to or from camp. Campers will be responsible for medical costs and damage caused by the camper. I also give the camp permission to use, at their discretion, any camp photos, or videos.

PARENT OR GUARDIAN

Name _____ Relationship _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Signature of Parent or Guardian _____

OTHER PERSON to notify in case of emergency _____

Relationship to camper _____ Cell _____