

**NEW JERSEY BASKETBALL ACADEMY  
CAMP MEDICAL FORM**

**Please check location:**  Essex Fells (Egan Park)  Little Falls Recreation Ctr.  
 Mt. St. Dominic Academy  Verona  Wayne PAL

Camper/Staff Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

**IN EMERGENCY NOTIFY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

**MEDICAL HISTORY**

**PEDIATRICIAN'S NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
Date of most recent physical examination \_\_\_\_\_  
Do you have any current health problems? (if yes, please explain) \_\_\_\_\_  
Are you currently taking medication(s)? (if yes, dosage & reason) \_\_\_\_\_  
Do you have any allergies? (if yes, please explain) \_\_\_\_\_  
Does the child carry an Epi-Pen, Inhaler, or emergency Benadryl? (if yes, circle all relevant) \_\_\_\_\_  
Explain any restrictions or limitations \_\_\_\_\_

**IMMUNIZATIONS: (MANDATORY. DATES MONTH/YEAR MUST BE INCLUDED OR ATTACHED)**

\*Recommendation Schedule of Immunization Requirements listed on next page as a reference\*

Diphtheria, Tetanus, Pertussis (DTaP) or (Tdap) \_\_\_\_\_ Last TB/Tetanus Booster \_\_\_\_\_  
Mumps, Measles, Rubella (MMR) \_\_\_\_\_ Haemophilus Influenza Type B (HIB) \_\_\_\_\_  
Pneumococcal (PCV) \_\_\_\_\_ Polio (IPV) \_\_\_\_\_  
Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_  
Varicella (Chicken Pox) \_\_\_\_\_ Meningococcal Meningitis (MCV4) \_\_\_\_\_

**Parent/Guardian Authorization, Liability Waiver and Release:**

To the best of my knowledge, history is correct and complete. I know of no reason to restrict applicant's activity and give my permission for participation in all activities except as specifically noted herein. I hereby authorize the director of the New Jersey Basketball Academy Camps to act for me according to his best judgment in any emergency requiring medical attention. I hereby release, discharge, and indemnify the New Jersey Basketball Academy, LLC, Bill Maranz, Tim Capstraw, camp staff, affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of or in connection with my child's participation in the camp.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Please return to: New Jersey Basketball Academy  
P.O. Box 339  
Verona, NJ 07044

**FOR CAMP USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Camp Date(s): \_\_\_\_\_

## **RECOMMENDATION SCHEDULE OF IMMUNIZATION REQUIREMENTS**

Please be advised that all immunizations must meet the required minimum age and intervals between doses. Please refer to the following websites for more information:

[http://nj.gov/health/cd/documents/imm\\_requirements/K12\\_parents.pdf](http://nj.gov/health/cd/documents/imm_requirements/K12_parents.pdf)

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/age-interval-table.pdf>

### **DPT:**

A minimum of four (4) doses of DPT vaccine is required. One dose must be given on or after the fourth birthday.

### **POLIO:**

A minimum of three (3) doses of oral polio is required. One dose must be given on or after the fourth birthday.

### **MEASLES (preferably MMR):**

One (1) dose of measles vaccine given on or after the first birthday. Fifteen months is the recommended age for measles vaccination. A second dose of measles vaccine, preferably MMR, is required of all children born after January 1, 1990.

### **GERMAN MEASLES (Rubella):**

One (1) dose of rubella vaccine given on or after the first birthday.

### **MUMPS:**

One (1) dose of rubella vaccine given on or after the first birthday.

### **HEPATITIS B:**

Three (3) doses of hepatitis B vaccine given before entering Kindergarten / 1<sup>st</sup> Grade (whichever occurs first)

### **INFLUENZA:**

Beginning in September 2008 children attending pre-school or licensed childcare center are required to receive an annual influenza vaccine.

### **VARICELLA (Chicken Pox):**

One (1) dose of varicella vaccine given before entering Kindergarten / 1<sup>st</sup> Grade (whichever occurs first). If your child has had the chicken pox disease, a note is required with the month, day and year of the disease for camp records.

### **PNEUMOCOCCAL (Pneumonia):**

Beginning in September 2008 children attending pre-school or licensed childcare center are required to receive 1 dose of pneumococcal vaccine.

### **HIB:**

Three (3) doses of HIB given before entering pre-school.

### **Tdap:**

One (1) dose for students entering 6<sup>th</sup> grade (not needed until 5 years after the last DPT/Td dose)

### **MENINGOCOCCAL:**

One (1) dose for students entering 6<sup>th</sup> grade and age 11 or older.