**UMaine Summer Sports Camps** **Camp Date: _____**

**Please bring completed form to check-in.** **Sport:_____**

The information provided on this form is for the sole use of the Sportsmedicine staff of the University of Maine Summer Sports Camps. It contains private health information which will be kept secure and confidential and used only in the case of emergency.

## HEALTH INTERVIEW

Date of Last Physical: _____ Date of Last Tetanus: _____

Name_____ Age_____ DOB___/___/___ Phone_____

Address_____

(City) (State) (Zip)

Parents' Name (Please Print) _____Work Phone_____

Family Physician_____ Phone_____

**EMERGENCY CONTACT INFORMATION:**

Please indicate below two different, responsible people other than yourself who can be contacted in the event that you cannot be reached.

Name_____ Name_____

Daytime_____ Daytime_____

Evening_____ Evening_____

**If your child has sustained an injury or had an illness three weeks prior to the start of camp, a physician's note is requested prior to participation so that the Sportsmedicine staff of the University of Maine Summer Sports Camps can follow the physicians advice on managing the said injury or illness and make accommodations if requested.**

**HEALTH HISTORY: Answer the following and comment on all positive answers on a separate sheet. Do you have or have you ever had.**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Birth defects | Y | N | Chest pains | Y | N | Hospitalization | Y | N |
| Absent or seriously impaired organs | Y | N | Palpitations | Y | N | Surgery | Y | N |
| Blood disease | Y | N | Rheumatic heart | Y | N | Injuries to Head(w/wo unconsciousness) | Y | N |
| Diabetes | Y | N | Kidney disease | Y | N | neck, arm, elbow, wrist hand, knee, ankle, trick knee, foot, or back | Y | N |
| Neurological Condition: | Y | N | Gastrointestinal disease | Y | N | Have you been under a injury or healthcare for any injury or health related condition? | Y | N |
| Dizziness Fainting | Y | N | Hernia | Y | N | | | |
| Recurring headaches | Y | N | Appendectomy | Y | N | | | |
| Epilepsy | Y | N | During athletic participation do you wear: Glasses | Y | N | | | |
| Weakness, Paralysis | Y | N | Contacts | Y | N | | | |
| Eye Problems | Y | N | Dental Appliances | Y | N | | | |
| Lung Disease | Y | N | Braces | Y | N | | | |
| Asthma | Y | N | Orthopedic Appliances | Y | N | | | |
| Heart Disease | Y | N | Any other conditions not mentioned above | Y | N | | | |
| Heart murmur | Y | N | Orthopedic Surgery | Y | N | | | |
| High blood pressure | Y | N | Hernia repair | Y | N | | | |

**Please attach a description of any "yes" answers on a separate piece of paper and include dates.**

**Medications**

**Type/Dosage**_____

**Medical Condition**_____

_____

**Allergies**

**Food**_____

**Insect**_____

**Medication**_____

# University of Maine
## Summer Sports Camps

## PERMISSION FOR MEDICAL TREATMENT

If your child requires off-campus medical services, such as prescription medications or emergency evaluation they will be transported to Orono Medical Center, Eastern Maine Medical Center, or St. Joseph Hospital. Payment will be the responsibility of the parent or guardian. In order to provide these medical services, the attending physician will require a Permission to Treat Statement and insurance information. The University of Maine Summer Sports Clinic Athletic Training Staff will make every effort to contact you or the other people you have identified on this form in the event of an emergency. Thank you for your cooperation.

I, the parent/guardian of _____ give permission for emergency transport and medical treatment to be administered. I also give permission for the Athletic Training Staff to administer over-the-counter medications, such as children's Tylenol.

Date_____ _____

(Parent/Guardian Signature)

Insurance Company _____

Policy Number _____

Parent Guardian Address _____

_____

Home Phone _____ Work Phone _____