

Camper Medical Information

This information will be available for our Camp Health Director and Head Athletic Trainer. Team Coaches will also be given important health information (i.e. Allergies, medical limitations). Any prescription medication and/or over the counter medications your camper requires must be accompanied by physician script and parent permission form. All medication will be stored and distributed by the Health Director or Head Athletic Trainer. **Please complete this form and bring it with you to registration.**

Camper's Name _____

Date of Birth _____ Age _____ Grade _____

Height _____ Weight _____ Circle: glasses contacts neither

Address _____

City/State/Zip _____

Home phone _____

Parent(s) name _____

Mother's work phone _____

Cell/pager # _____

Father's work phone _____

Cell/pager # _____

Emergency contact #1 _____ phone# _____

Emergency contact #2 _____ phone# _____

Primary Care Physician _____ phone# _____

Primary Insurance Coverage _____ ID# _____

Health History (please indicate present health conditions and explanation of treatment):

Allergies: _____

Asthma: _____

Concussions: _____

Diabetes: _____

Injuries (within last year): _____

Medication allergies: _____

Medications taken regularly (indicate dosage/frequency) _____

Physical Limitations: _____

Immunizations up to date: yes no

Operations (within last year): _____

Other conditions (i.e. heart, lung and/or kidney problems, seizures...): _____
