

**2017 CAMP & CLINIC
SPORTS MEDICINE INFORMATION SHEET**

****PLEASE ATTACH A FRONT/ BACK COPY OF YOUR INSURANCE CARD TO THIS FORM.
CAMPER WILL NOT BE PERMITTED TO PARTICIPATE IN ANY CAMP ACTIVITIES UNTIL
THEY HAVE TURNED IN ALL OF THE REQUIRED FORMS. ****

Camp/Clinic Name: _____

Camper Name: _____ DOB (MM/DD/YY): _____

Please provide the following medical information for your child:

Primary Emergency Contact:

Name (First & Last): _____ Phone #: _____

Relationship to Camper: _____ Email: _____ @ _____

Secondary Emergency Contact:

Name (First & Last): _____ Phone #: _____

Relationship to Camper: _____ Email: _____ @ _____

Allergies / Reaction

Please list all allergies (medication, food, bee stings, poison ivy, etc.) and describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

Injury History

Please list any injuries, including recent sprains, fractures, etc. and the date (MM/YY) the injury occurred.

Medical Conditions

Please list all medical conditions (asthma, diabetes, cardiac disorders, seizure disorders, etc.).

Current Medications

Date of Last Tetanus Shot (MM/YY): _____