

Athletic Camp/Clinic Sports Medicine Information Sheet

Please provide the following medical information for your child:

Primary emergency contact (Name, relationship, phone number)

Name

Relationship

Phone Number

Secondary emergency contact (Name, relationship, phone number)

Name

Relationship

Phone Number

Allergies (medication, food, bee sting, poison ivy, etc.)

Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

Injury history (eg. recent sprains, fractures):

Medical conditions (eg. asthma, diabetes, cardiac disorders, seizure disorders)

Medications currently taking

Date of last tetanus shot (month/year)
