| | | Sport: | | | | | | | | | |
|---|---|----------------------------|--|-----------------------|--------------|---------------------------------|--|---|--------|-----------------------------|--|
| The information prov private health inform | vided ation | on to whi | his form is for the sole use of the Spor ch will be kept secure and confidentia | tsmedici | ne st | aff o ly in | of the University of the case of emerg | Maine Summer Sports ency. | Cam | ps. It contains | |
| HEALTH INTERV | IEW | 7 | | | | | | | | | |
| Date of Last Physical: | | | | Date of Last Tetanus: | | | | | | | |
| Name | | | | A | \ge_ | | DOB// | Phone | | _ | |
| | | | | | | | | | | | |
| _ | | | | | | | | | | | |
| Parents' Name (Please Print) | | | | (City) | | | | (State) Work Phone | | (Zip) | |
| Family Physician | | | | | | | | | | | |
| The property control | ~~ * | FOR | ALTTON. | | | | | | | | |
| EMERGENCY CONTAC | | | | | | | | | | | |
| Please indicate below two | differe | ent, res | sponsible people other than yourself who can be o | contacted in | n the e | vent t | hat you cannot be reach | ed. | | | |
| Name | | | | | N | ame | | | | | |
| | | Daytim | | | | | | | | | |
| | | | | Daytime Evening | | | | | | | |
| Evening | | | | Lveiiiii | 5 | | | | | | |
| participation so tha | t the | Spo | n injury or had an illness three week rtsmedicine staff of the University o make accommodations if requested | f Maine | to th Sun | e sta mer | art of camp, a phy Sports Camps ca | sician's note is request an follow the physician | ed p | rior to vice on managing | |
| HEALTH HISTORY: An | ıswer | the fo | llowing and comment on all positive answers o | n a separ | ate sh | et. D | Oo you have or have yo | u ever had. | | | |
| Birth defects Absent or seriously | Y Y | N N | Chest pains Palpitations | Y | | | Hospitalization Surgery | | Y Y | N N | |
| Absent or seriously impaired organs Blood disease Diabetes | Y Y | | Rheumatic heart Kidney disease | Y | | l n | ieck, arm, elbow, wrist l | nconsciousness) nand, knee, ankle, trick knee, | Y Y | N N | |
| Neurological Condition: | Y | N | Gastrointestinal disease | Y | / N | I I | oot, or back Have you been under a i njury or health related c | njury or healthcare for any | Y | N | |
| Dizziness Fainting Recurring headaches Epilepsy Weakness, Paralysis Eye Problems Lung Disease Asthma Heart Disease Heart murmur High blood pressure | Y Y Y Y Y Y Y Y Y | N N N N N N | Hernia Appendectomy During athletic participation do you wear: Glass Contacts Dental Appliances Braces Orthopedic Appliances Any other conditions not mentioned above Orthopedic Surgery Hernia repair | ses Y | | 1 1 1 1 1 1 1 | njury of neath related c | OIMITOH: | | | |

Camp Date: _____

 ${\bf Please\ attach\ a\ description\ of\ any\ "yes"\ answers\ on\ a\ separate\ piece\ of\ paper\ and\ include\ dates.}$

UMaine Summer Sports Camps

| Medications | Allergies |
|-------------------|------------|
| Гуре/Dosage | Food |
| Medical Condition | 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.

| people you have identified on this form in the event of an eme | ergency. Thank you for your cooperation. |
|--|--|
| I, the parent/guardian ofadministered. I also give permission for the Athletic Training Tylenol. | give permission for emergency transport and medical treatment to be Staff to administer over-the-counter medications, such as children's |
| Date Insurance Company | (Parent/Guardian Signature) |
| | |
| Policy Number | |
| Parent Guardian Address | |
| | |
| Home Phone | _ Work Phone |
| | |