

# CAMPER HEALTH FORM

This form is required prior to participation in sport camps. Participation will not be permitted until this form has been completed and signed and is on-file with the sports camp.

CAMP: \_\_\_\_\_ DATES: \_\_\_\_\_

## PARTICIPANT INFORMATION:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

*First Middle Last*

HOME ADDRESS: \_\_\_\_\_

*Street Address City State Zip*

PARENT 1 NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

PARENT 2 NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

OTHER/EMERGENCY CONTACT PERSON NAME: \_\_\_\_\_

PHONE: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

## HEALTH HISTORY

Operations, serious illnesses, heat illness, injuries – give dates and outcomes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF LAST TETANUS BOOSTER: \_\_\_\_\_

Is the participant under the care of a provider for a medical and/or psychological problem? NO YES

If yes, please explain: \_\_\_\_\_

Is the participant taking medication prescribed by a health care provider? NO YES

If yes, please explain: \_\_\_\_\_

ALLERGIES ⇒ If yes, please list the allergy and provide additional information, if necessary.

Insect bites/stings NO YES \_\_\_\_\_

Medications NO YES \_\_\_\_\_

Food NO YES \_\_\_\_\_

Other NO YES \_\_\_\_\_

PLEASE TURN OVER

**INSURANCE INFORMATION:**

**Complete name of insurance company:** \_\_\_\_\_

**Address where claim is to be mailed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Policy Holder's name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

**Policy Holder's Subscriber ID#** \_\_\_\_\_ **Policy Holder's group num.:** \_\_\_\_\_

**Policy Holder's address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Policy Holder's DOB:** \_\_\_\_\_

**AUTHORIZATIONS – PLEASE READ CAREFULLY**

**Release of Liability:** While participating in sports camps your son or daughter is at an increased risk of injury. By completing this form you are aware of these risks and understand that you take financial responsibility for necessary medical expenses that may be incurred from an injury sustained while your child is at camp.

**Assumption of Financial Responsibility:** I hereby acknowledge that I am financially responsible for medical charges incurred during sports camp participation. I authorize payment of medical benefits to all providers for all services and materials they provide during the care of an injury or illness.

**Physical Examination within One Year:** I certify that the above camper has had an official medical examination within the past 12 months and is physically fit and able to participate in the rigors of this sports camp.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please attach a copy of the front and back of your health insurance card below:**