



MEDICAL EMERGENCY & HEALTH HISTORY INFO

Use This Form for Same Family Members Only and Please Print Clearly

PLAYER 1

Participant's Name: _____

Birthdate: _____ Sex: ____ Weight: _____ Height: _____

Mother's Name: _____

Phone: _____

Mobile/Other: _____

Father's Name: _____

Phone: _____

Mobile/Other: _____

If above is not available in an emergency, please contact:

Name: _____

Phone: _____

Participant's Physician: _____

Phone: _____

Mobile/Other: _____

Medical Insurance Co.: _____

Insurance/Policy #: _____

HEALTH HISTORY INFORMATION

Convulsions/Seizures Diabetes Nosebleeds

Skin Cancer Epilepsy

Other: _____

If YES to any of these or other, please specify: _____

Hay Fever Asthma Bee/wasp Stings

Other: _____

If YES to any of these or other, please specify: _____

Date of last tetanus booster: _____

Special Diet: _____

Medications to be administered at camp: _____

Is your child under the care of a physician? *Please detail:* _____

Does participant have any special needs or conditions that staff should be aware of? (Staple attachment if needed): _____

PLAYER 2

Participant's Name: _____

Birthdate: _____ Sex: ____ Weight: _____ Height: _____

Mother's Name: _____

Phone: _____

Mobile/Other: _____

Father's Name: _____

Phone: _____

Mobile/Other: _____

If above is not available in an emergency, please contact:

Name: _____

Phone: _____

Participant's Physician: _____

Phone: _____

Mobile/Other: _____

Medical Insurance Co.: _____

Insurance/Policy #: _____

HEALTH HISTORY INFORMATION

Convulsions/Seizures Diabetes Nosebleeds

Skin Cancer Epilepsy

Other: _____

If YES to any of these or other, please specify: _____

Hay Fever Asthma Bee/wasp Stings

Other: _____

If YES to any of these or other, please specify: _____

Date of last tetanus booster: _____

Special Diet: _____

Medications to be administered at camp: _____

Is your child under the care of a physician? *Please detail:* _____

Does participant have any special needs or conditions that staff should be aware of? (Staple attachment if needed): _____
