

**MEDICAL FORM
SUMMER CAMP
PROGRAMS
MEDICAL HISTORY, TREATMENT PERMISSION AND
RELEASE**

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

PLEASE PRINT USING BLACK

INK

SPORT: ALL SPORTS BASEBALL BASKETBALL FOOTBALL SOCCER
 OTHER

CAMP NAME: _____ **CAMP DATES:**

PARTICIPANT INFORMATION:

NAME: _____ **AGE:** _____ **DATE OF BIRTH:** _____
First Middle Last

HOME ADDRESS: _____
Street Address City State Zip

FATHER/GUARDIAN NAME:

ADDRESS:

PHONE: Home (____) _____ Work (____) _____ Cell (____) _____

MOTHER/GUARDIAN NAME:

ADDRESS:

PHONE: Home (____) _____ Work (____) _____ Cell (____) _____

OTHER/EMERGENCY CONTACT PERSON NAME:

PHONE: Home (____) _____ Work (____) _____ Cell (____) _____

FAMILY PHYSICIAN: _____

PHONE: (____)

----- INSURANCE COMPANY: -----

ID

NUMBER: ----- MEDICAL HISTORY (Please use back of this sheet if necessary)

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		-----

