



MSOE ATHLETICS SPORT CAMPS MEDICAL INFORMATION FORM



CAMP NAME: _____ DATE(S): _____

CAMPER INFORMATION

NAME: _____ DOB: _____ GENDER: _____ AGE: _____

HOME ADDRESS: _____
NUMBER/STREET CITY STATE/ZIP

PARENT/GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____
NUMBER/STREET CITY STATE/ZIP

HOME/CELL PHONE: (_____) _____ WORK PHONE: (_____) _____

EMERGENCY CONTACT: (IN CASE OF AN EMERGENCY OR ILLNESS, IF YOU ARE UNABLE TO BE CONTACTED, WHOM SHALL WE NOTIFY)

NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____
NUMBER/STREET CITY STATE/ZIP

HOME/CELL PHONE: (_____) _____ WORK PHONE: (_____) _____

INSURANCE INFORMATION

POLICY HOLDER NAME: _____ INSURANCE COMPANY NAME: _____

POLICY #: _____ GROUP #: _____ PHONE: _____

GENERAL MEDICAL INFORMATION:

(Does your son or daughter have any of the following, please check yes or no. This information is confidential)

| | Yes | No | | Yes | No | | Yes | No |
|---|-----|-----|--------------------------|-----|-----|--------------------|-----|-----|
| History of head injuries or concussions | () | () | Cancer | () | () | Bleeding disorder | () | () |
| High blood pressure | () | () | Mental/Emotional problem | () | () | Asthma | () | () |
| Heart disease | () | () | Allergies | () | () | Muscle/bone injury | () | () |
| Sickle cell trait/disease | () | () | Heart Murmur | () | () | Joint Injury | () | () |

ANY OTHER CONDITIONS/INFORMATION NOT LISTED: _____

Allergies: (environmental, food, or Drug) _____

Medications/dosage: _____

To the Parent(s) or Legal Guardian(s): If you son, or daughter will be under the age of 18 while at our camp, it is our policy to obtain consent for medical treatment and referral for emergencies. By signing below you are giving your consent in advance for medical treatment by our staff or at an appropriate medical facility in case of an injury or illness.

Signature of Parent or Guardian: _____ Date: _____
(If participant is under 18)

Signature of participant: _____ Date: _____
(If 18 or older)

****Parents or Legal Guardians must complete and sign this form in order to allow participation in camp activities****