



Medical Authorization

Important: Please bring this completed and signed form to camp.

Camp Dates _____

Athlete's Name _____ Sex ____ Age ____

Parents' Name(s) _____

Address _____ City _____

State ____ Zip Code _____

Daytime Phone _____ Evening Phone _____

Email Address _____

Phone number & contact info (if different) while this athlete is at camp

Emergency Contact Name* _____

Emergency Contact Phone* _____

Health & General Medical History

If the athlete has any restrictions or known allergies, please explain:

If the athlete will be taking medication during the camp, please indicate drug and dosage:

Please check any of the following conditions that apply:

High Blood Pressure Diabetes Asthma

Please check if the athlete has HAD any of the following:

Pneumonia Chicken Pox Mumps Measles German measles