



**Wildcat Summer Camps**  
**Health Information Form**  
(Please Print Clearly and Fill Out Completely)

Camp (Sport) you are registering for \_\_\_\_\_ Date of Camp \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (MI)

**Emergency Information:**

Name of Contact \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Alternative Phone Number \_\_\_\_\_ (Please indicate whether it is Work / Cell)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_  
Alternative Contact \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Alternative Phone Number \_\_\_\_\_ (Please indicate whether it is Work / Cell)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_  
Family Physician or Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Insurance Information:**

Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_  
Does the policy cover athletic injuries \_\_\_ Yes \_\_\_ No Group # \_\_\_\_\_  
Is it necessary for the camper to receive medical services from a certain provider or network (HMO/PPO)? \_\_\_\_\_  
If yes, who is the camper required to see? \_\_\_\_\_

If your camper is injured which mode of transportation would you prefer?  
\_\_\_\_\_ The camp staff can transport the camper. \_\_\_\_\_ I will come and get my child

**Camper has or is subject to:**

\_\_\_\_\_ Asthma \_\_\_\_\_ Convulsions \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Diabetes \_\_\_\_\_ Seizures  
\_\_\_\_\_ Heart Problems \_\_\_\_\_ Allergies (environmental)/Hay Fever  
\_\_\_\_\_ Other (Please List) \_\_\_\_\_

**Camper has allergies or reactions to: (Check all that apply)**

\_\_\_\_\_ Penicillin \_\_\_\_\_ Acetomimiphen \_\_\_\_\_ Tetanus Antitoxin \_\_\_\_\_ Tetanus Toxoid  
\_\_\_\_\_ Latex \_\_\_\_\_ Insect bites Is Tetanus Immunization Current? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Food Allergies (Please List): \_\_\_\_\_  
\_\_\_\_\_ Other (Please List): \_\_\_\_\_

Please list all past and/or current athletic-related injuries:

\_\_\_\_\_

Does the camper possess any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name all medications camper is currently taking: \_\_\_\_\_

Please indicate the condition needing the medication: \_\_\_\_\_

List any specific activity restrictions: \_\_\_\_\_

When water specific sports are a part of the activity, the camper may participate in:

Swimming: \_\_\_\_\_ Yes \_\_\_\_\_ No Diving: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent Authorization**

The health history listed above is correct as far as I know, and the above named camper has my permission to engage in all program activities at this event except as noted.

I understand that there is a risk of injury to the camper by engaging in all program activities.

I understand that adult supervision will be provided.

If a serious injury or illness develops, medical and/or hospital care will be given.

Staff members for the activity are not responsible in case of accidental injury or illness.

I further understand that in case of medical emergency I will be notified. In the event I cannot be reached, I hereby give my permission to the attending physician to hospitalize, secure treatment, for, and to order injection, anesthesia, or surgery for the camper as named above.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_