

Camper's Name _____

Training Camp Confidential Health Information Form

Emergency and Health Insurance Information / Authorization

(PLEASE TYPE OR PRINT IN BLACK INK!)

Sex Male Female Date of Birth (mm/dd/yyyy) _____ Age _____ Height _____ Weight _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Country: USA _____ Home Phone # _____

FATHER EMERGENCY CONTACT INFORMATION	MOTHER EMERGENCY CONTACT INFORMATION
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Name _____ Address _____ _____ Home Phone _____ Work Phone _____ Cell _____ Beeper _____ Email address _____	Name _____ Address _____ _____ Home Phone _____ Work Phone _____ Cell _____ Beeper _____ Email address _____
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EMERGENCY CONTACT INFORMATION

Name _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

Relation to child: Uncle Aunt Grandmother Grandfather Friend Brother Sister Other _____

PRIMARY INSURANCE INFORMATION (A clear copy of both sides of card may be included)

The child I am sending to camp is covered by this policy? no yes

Primary Insurance Company _____

Address _____

Phone # _____

Employee/Policy Holder _____ Insured ID _____

Plan # _____ Policy # _____

Employee relation to child: Father Mother Other _____

Type of Insurance-
 HMO PPO Indemnity(deductible) Other (describe) _____

Child must be seen first by (HMO) _____ Phone _____

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HEALTH HISTORY (Please elaborate, using other side if necessary)

- 1. Child has these known **allergies, allergic reactions, etc...** None
 Bee sting no yes; Penicillin no yes; Other medications or food no yes _____
 Specify treatment _____
- 2. Child has a history of **Asthma** no yes; **Epilepsy** no yes; **Diabetes** no yes; Other conditions _____
 Specific treatment _____
- 3. Child is currently on these medications: None

Name	Dosage	Purpose
Name	Dosage	Purpose
Name	Dosage	Purpose
- 4. Child has these physical activity restrictions: None

- 5. Child has these dietary restrictions: None

- 6. Date of child's last physical or medical check-up: _____
- 7. Date of child's last tetanus immunization: _____
- 8. Has the child recently been exposed to any communicable disease? no yes _____
- 9. Any other information, physical, mental or emotional which might prove helpful to Camp Director, Counselors, Nurse or Physician:

- 10. Family Doctor: _____
 City _____ State _____ Office Phone _____

Training Camp, Inc. has adopted the following procedures for caring for your son / daughter in the event that he/she becomes sick or injured while attending the camp: **1)** A representative from the camp will call the home telephone number listed. If there is no answer, **2)** A representative will call the Father's/Mother's home, cellular, work and beeper phone numbers as listed. If there is no answer, **3)** A representative will call the emergency contact phone numbers and the physician listed. **4)** If none of the above answer, a representative will call an ambulance, if necessary, to transport your son/daughter to an appropriate medical facility. **5)** Camp representatives will continue to call all listed numbers until one is reached. A message may also be left on an answering machine. **6)** Based upon the medical judgment of the attending physician, your son/ daughter may be admitted to a local medical facility.

In the event of an injury, illness, and/or accident involving my son / daughter, I hereby give my consent for medical treatment and permission to camp staff to supply and/or supervise on-site first aid, to the appropriate camp personnel to properly transport my son / daughter to an appropriate medical facility for care, and to a licensed physician, chosen by the Camp Director, to hospitalize and secure proper treatment (including injections, diagnostic procedures, anesthesia, surgery, and/or other reasonable and necessary procedures) for my son / daughter. I agree to assume any and all costs related to such treatment. I hereby authorize my health insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand that each participant must provide his/her own medical insurance in order to participate in the camp.

I understand that I am responsible for any and all medical and/or other charges related to the aforementioned participant's attendance and participation in Training Camp. I also understand that registration is not considered complete until this completed and signed form is on file.

I hereby give permission for _____ to attend Training Camp.

Parent / Guardian Signature

Date