

Texas Tech Track & Field



CAMP MEDICAL FORM

Please return complete form with application and deposit.

Please print or type. All information is requested to assist us in identifying appropriate care for participants and is confidential.

Name _____ Birthdate _____ Gender: Male Female

Social Security Number _____ Grade in school in 2007-08 _____ Age _____

Parent or guardian _____

Home address _____ Phone _____
NUMBER AND STREET CITY STATE ZIP AREA CODE NUMBER

Emergency contact _____ Phone _____
NAME AREA CODE NUMBER

HEALTH HISTORY

Check all that apply.

- _____ Frequent ear infections.
- _____ Heart defect/disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/clotting disorders
- _____ Hypertension
- _____ Mononucleosis

Diseases

- _____ Chicken pox
- _____ Measles
- _____ German measles
- _____ Mumps

Allergies

- _____ Hay fever
- _____ Ivy poisoning, etc.
- _____ Insect stings
- _____ Penicillin
- _____ Other drugs
- _____ Asthma
- _____ Other (specify) _____
- _____ Date of last tetanus shot _____

Name of Family Doctor _____ Phone _____

Name of Family Dentist _____ Phone _____

Do you carry family medical or hospital insurance? No Yes

Carrier _____ Policy/Group No. _____

Is camper currently taking any medications? No Yes (If yes, list all on back.)

Operations or series injuries (dates) _____

Chronic or recurring illness or medical condition _____

Activities encouraged or limited by physician _____

Dietary restrictions _____

Additional health information _____

For Female

Has this person menstruated? No Yes

If not, has she been told about it? No Yes

If so, is her menstrual history normal? No Yes

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide and arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staff _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of camper _____ Date _____