



Day Camp \_\_\_\_\_  
 Camp: \_\_\_\_\_  
 Dates: \_\_\_\_\_

## Medical Health History

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender \_\_\_ M \_\_\_ F  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Have you had any of the following in the past year? Please describe.

- Surgery: \_\_\_\_\_
- Asthma: \_\_\_\_\_
- Shortness of breath / fainting: \_\_\_\_\_
- Ear infection / dizziness: \_\_\_\_\_
- Convulsions / seizures: \_\_\_\_\_
- Fractures / severe pains: \_\_\_\_\_
- Heart trouble / murmur: \_\_\_\_\_
- Severe or frequent headaches: \_\_\_\_\_

Are you currently taking any prescription drugs? \_\_\_\_ If yes, what? \_\_\_\_\_  
 Are you currently taking any non-prescription drugs? \_\_\_\_ If yes, what? \_\_\_\_\_  
 Do you have any drug allergies? \_\_\_\_ If yes, what? \_\_\_\_\_  
 Other allergies? \_\_\_\_ If yes, what? \_\_\_\_\_

Personal physician: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Health insurance company: \_\_\_\_\_  
 Policy number: \_\_\_\_\_  
 Name of primary insured: \_\_\_\_\_  
 Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I hereby authorize the staff of United Sports Training Center to act in my behalf to their best judgement in any emergency requiring medical attention, and I hereby waive and release United Sports from any and all liability for any injuries and illnesses incurred while participating in any way in United Sports Training Center's programs, related events and activities, and in the administration of the substances listed below. I also understand that United Sports retains the right to use and photographs, video tapes, or any other record of this event for publicity, advertising, or any other legitimate purpose.*

*In addition, I hereby authorize the staff of United Sports Training Center to administer the following substance(s), in the dosage(s) noted, as detailed below:*

\_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_