



Tournament Medical History Form

Name Of Athlete: _____ DOB: _____ Age: _____

Name Of Parent or Guardian: _____ Occupation: _____

Home Address: _____ Phone (Home): _____

Business Address: _____ Phone (Work or Cell): _____

Name of Parent of Guardian: _____ Occupation: _____

Home Address: _____ Phone (Home): _____

Business Address: _____ Phone (Work or Cell): _____

Primary Care Physician: _____ Phone: _____

Alternate Emergency Contact: _____

Relationship: _____ Phone: _____

Medical Insurance CO: _____ Policy Holder: _____ Policy #: _____

PLEASE INCLUDE A COPY OF THE ATHLETE'S INSURANCE CARD

Circle either YES or NO regarding the following conditions. If "YES" please explain in line or on reverse side.

Allergies to:

Medications:	NO	YES _____	Eating Disorder	NO	YES _____
Insects:	NO	YES _____	Weight Loss/Gain	NO	YES _____
Foods:	NO	YES _____	Dizziness/ Fainting	NO	YES _____
Other:	NO	YES _____	Anxiety Disorders	NO	YES _____
Hay Fever:	NO	YES _____	Joint Disease	NO	YES _____
Asthma:	NO	YES _____	Tumor/Cancer/Cyst	NO	YES _____
Diabetes:	NO	YES _____	Stomach Trouble	NO	YES _____
Epilepsy:	NO	YES _____	Seizures:	NO	YES _____
Heart Ailments:	NO	YES _____	Recurrent Headaches:	NO	YES _____
Sinusitis:	NO	YES _____	Head Injury/Concussion:	NO	YES _____

Please describe any:

SURGERIES OR HOSPITALIZATIONS? NO YES _____

PHYSICAL ACTIVITY RESTRICTIONS DURING THE PAST FIVE YEARS? NO YES

CURRENT INJURIES REQUIRING TAPING, BRACING OR TREATMENT? NO YES

ANY MEDICATIONS TAKEN REGULARLY? NO YES

PLEASE LIST ALL MEDICATIONS AND DOSAGES: _____

Emergency Authorization and Consent: I hereby give permission to the medical personnel selected by the Camp's medical director to order x-rays, routine tests and treatment for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physicians selected by the medical director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above.

* To the best of my knowledge, this medical history form is correct, and the person herein described has permission to engage in all activities except as noted. *

Signature of Parent of Guardian: _____

Date: _____

Signature of Minor: _____

Date: _____