

JOSH SHAPIRO SPORTS CAMPS, LLC 2018 MEDICAL HISTORY AND RELEASE FORM

***You will not be admitted to camp without this form
PLEASE FILL OUT AND SEND WITH
APPLICATION**

June Camp Sessions: I: June 15th II: June 16th III: June 17th

July Camp Sessions: I: July 27th II: July 26th III: July 29th

Participant's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Health History:

If the camper should be restricted from any activity, please note:

If the camper will be taking medication during camp, please indicate name of drug and dosage: _____

Please identify any medical condition or history, which would require special attention:

Has the camper had any of the following? Asthma, Chicken Pox, Diabetes,
German Measles, High Blood Pressure , Fainting, Heart conditions, Head Injury,
Measles, Mumps, Pneumonia

If yes to any, please circle and explain: _____

Allergies: Yes/No If yes, please explain:

Drug Reactions: Yes/No If yes, please explain:

*****PLEASE ATTACH MOST RECENT PHYSICAL WITH DOCTOR'S
SIGNATURE*****

INSURANCE INFORMATION:

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

Emergency Contact Name: _____

Phone Number: _____