

JOSH SHAPIRO SPORTS CAMPS, LLC
2017 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 16th II: June 17th III: June 18th
July Camp Sessions: I: July 28th II: July 29th III: July 30th

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: _____