

Camp Location _____ Camp Dates or Session # _____ Sport _____

PREMIER SPORTS CAMPS, Inc.
Emergency Information and Physical Examination Form

Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Emergency Contact Phone # _____

If Above cannot be reached, please contact _____ Phone _____

Please note any any special or medical conditions (Allergies, Asthma, Etc.) of which we should be aware:

List all previous Hospitalizations _____

BEHAVIOR MANAGEMENT

If this camper has any special needs of which the coaches/staff should be aware and/or you have any suggestions for behavior management please list these here.

MEDICAL INFORMATION

In the case of injury or illness, this information may also be provided to and shared with emergency personnel

Medical Insurance Company

Phone Number

- | | |
|--|--|
| <input type="checkbox"/> Allergy to medicine, food, animal or insect toxin | <input type="checkbox"/> ADHD (Attention Deficit Hyperactive Disorder) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism spectrum disorders |
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Bleeding Disorders |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Dentures |
| | <input type="checkbox"/> Diabetes |
| | <input type="checkbox"/> Fainting Spells |
| | <input type="checkbox"/> Seizures |
| | <input type="checkbox"/> Other |

Please explain all of the items checked above: _____

Please list any medications your child is currently taking, including over the counter. Specify if you will need to take medication during the camp. _____

Do you know of any health factors that make it advisable for you to follow a limited program of physical activity or refrain from participating in any aspect of practice? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies, etc... _____

HEALTH INSURANCE INFORMATION:

Carrier Name: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Policy Number: _____

* **Medical Release:** In case of emergency or illness involving a **PREMIER SPORTS CAMP participant** every effort will be made to contact the emergency contact. In the event that contact cannot be made, I hereby grant permission for physicians, dentists, or other licensed health care providers and their designees selected by Premier Sports Camps, Inc. to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary, or to refer to duly licensed medical personnel when indicated.

_____ X _____
Date Signature

***** In addition to the above information, each camper must have 1 of the following:**

- A physical examination conducted within 1 year of the first day of camp signed by a physician (attached and brought to the first page above)
- A state Qualifying school physical (attached and brought to the first page above)
- The below Waiver signed by a parent (attached and brought to the first page above)

**** If camper will be arriving with someone other than parent, all information must be complete**

PREMIER SPORTS CAMPS MEDICAL RELEASE FORM – WAIVER

The following camper, _____, did not have a completed physical form when reporting to camp on (date) _____. I certify that I am in good health and able to participate in all camp activities. I take complete responsibility for my health while attending Premier Sports Camps.

Name _____

Signature X _____ Date _____