

Davidson Field Hockey Camp Medical Form

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Athlete Phone: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone: _____ Secondary Emergency Phone: _____

Medical Information

Do you currently have or have you ever had any of the following?

Heart murmurs: Y/N Epilepsy: Y/N Diabetes: Y/N Asthma: Y/N

Allergies: Y/N Surgery: Y/N Insect stings: Y/N Inhalers: Y/N

Heat exhaustion: Y/N Fractures: Y/N Medications: Y/N Sprains: Y/N

If you answered YES to any of the above, please explain:

Have you ever sustained a head or spinal injury? Have you ever lost consciousness? Y/N

If YES, please explain:

Physical Information:

Vaccinations: (please give dates of administration)

T/Booster: ____ Measles: ____ Mumps: ____

I certify that I have reviewed the medical history and status of the person above, and certify that he/she has no medical problems that restrict her from participation in vigorous physical activity while at Davidson Field Hockey Camp.

Physicians Name: _____ Phone: _____

Physicians Signature: _____ Date: _____

** A signed copy of a school physical containing this information that is dated no more than 1 year prior to the start of camp will also be accepted.*

Insurance Information:

Policy Holder: _____ Policy Holder SSN: _____

Policy Holder DOB: _____ Relation to camper: _____

Insurance Co: _____ Claim office phone: _____

Name of group employer: _____

Claim office address: _____

Policy #: _____ Group #: _____ ID #: _____

Policy Holder Signature: _____

Medical Release:

I have read and agree to the full medical release as outlined during the registration process, which can be found at davidsonfieldhockeycamp.com/waiver.

Signature of Parent/Guardian: _____ Date: _____