



AUTHORIZATION FORM

(To be completed by parent or legal guardian)

Camper Name: _____ Team Name: _____
 Address: _____ Male Female Date of Birth: ____ / ____ / ____
 City/State/Zip: _____ Social Security Number: _____

PARENT OR GUARDIAN

Name: _____ Wk Phone: _____
 H Phone: _____ Relationship to Camper: _____

INSURANCE INFORMATION

Insurance Company Name: _____ Agreement Number: _____
 Address: _____ Policy Holder Name: _____
 Policy Number: _____ Relationship to Camper: _____

EMERGENCY PHONE NUMBERS

Relative/Neighbor: _____ H Phone: _____ Wk Phone: _____
 Relative/Neighbor: _____ H Phone: _____ Wk Phone: _____

MEDICAL HISTORY OF CAMPER

- | | | | |
|---|--|--|--|
| 1. Any current medical problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Had any major surgical operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Had any recent injury requiring medical attention? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Any allergies or adverse drug reactions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Currently taking any medication (or have taken med recently)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Any restrictions on activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had any severe head or neck injuries? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5. Had any chronic illness (epilepsy, diabetes, heart disease, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Must be cleared by a Physician to participate. | |

Please explain any yes answers _____

Date of Last Tetanus Immunization: ____ / ____ / ____ Name of Family Physician: _____

I acknowledge that this child is in good health and can participate in all activities without restriction (unless indicated above).

Signature of Parent or Legal Guardian _____

PARENT OR GUARDIAN

In the event of any illness or injury to my child, I give the attending physician permission to administer treatment while continuing to contact the parent guardian or designated individual

Signature of Parent or Legal Guardian _____

Date _____