

FUN For ALL, ALL For FUN Sports Camp 2012 - INSURANCE INFORMATION

Childs Name _____
Insurance Company _____ Policy # _____
Group # _____
Address _____
City _____ State _____ Zip _____

MEDICAL HISTORY

MY CHILD, named above: (Please Check All Answers)

1. Has a history of epilepsy: Yes _____ No _____
2. Has a history of diabetes: Yes _____ No _____
3. Is subject to one of the specified: None
 Ear infections Sinus Indigestion Hives Sore throat
 Hay fever Eye strain Appendicitis Asthma Food allergies
 Heart trouble Poison oak Allergic reaction to insect stings/bites

List allergies, if any:

4. Write any specific conditions, not covered above, which affect participation or treatment

5. Check diseases your child has had:

| | | | |
|-------------|------------|----------------|---------------|
| Chicken pox | Diphtheria | German measles | Mumps |
| Small pox | Typhoid | Whooping cough | Scarlet fever |

6. Give year of immunization: Tetanus _____ Polio _____ TB _____

7. Is subject to penicillin or other drug reaction? _____ If yes, what drug? _____

8. Is your child under any special medical or dietary regime to be continued on an outing? _____

9. Does your child take any medications on a daily basis _____

10. Will they bring any medicine with them? Yes _____ No _____ Name of drug _____

*If yes please request an additional Medical Form to be filled out by your physician

11. Does your child have any behavioral problems that could distract camp activity? Yes _____ No _____

If yes, please explain _____

12. Are there any other factors which would limit your child's full participation in activities? Yes _____ No _____

If yes, please explain _____

Have you attended our camp before? (check) YES NO

How did you hear about our camp? _____

Parent Signature _____ Date _____