

WORLD CLASS WRESTLING CAMP MEDICAL HISTORY AND CONSENT FORM

Please print in ink

Camper's Name _____ Date of Birth _____

Street Address _____ Phone(_____) _____

City _____ State _____ Zip Code _____

Name of Camp _____ Date of Camp _____

PARENT OR GUARDIAN INFO

Name _____ Cell Number (_____) _____ Work Number(_____) _____

Street Address _____ City _____ State _____ Zip Code _____

FAMILY INSURANCE INFORMATION

Insurance Company Name _____

Insurance Company Adress _____

Policy Number _____ Agreement Number _____

Policy Holder Name _____ Relationship to Camper _____

I, the guardian, understand that I am responsible for all medical costs associated with injuries, infections, accidents and illnesses that may occur at camp.

EMERGENCY PHONE NUMBERS

1st Choice Name _____ Cell #(_____) _____ Other # (_____) _____

2nd Choice Name _____ Cell #(_____) _____ Other # (_____) _____

MEDICAL HISTORY OF CAMPER

1. Any current medical problems? NO YES

2. Had any recent injury requiring medical attention? NO YES

3. Currently taking medication? NO YES

Please list _____

4. Had any severe head or neck injuries? NO YES

5. Had any major surgical operations? NO YES

6. Had any chronic illness (epilepsy, diabetes, heart disease)? NO YES

7. Any allergies to prescription and/or non prescriptions medication? NO YES

Please list _____

If the answer to any question is YES, please explain:

Date of last tetanus Immunization _____

Name and telephone of Family Physician _____

PARENTAL CONSENT TO MEDICAL TREATMENT

PLEASE SIGN ONE of the following statements concerning the medical treatment of my child:

_____ 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.

_____ In the event of a minor illness or injury only to my child, I give the attending physician permission to administer treatment.

_____ In the event of any illness or injury to my child I D) NOT give the attending physician permission to administer treatment until the parent, guardian or designated individual is contacted.

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