

**OLD DOMINION UNIVERSITY**  
**ATHLETIC CAMP HEALTH INFORMATION FORM**

(Please print)

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_

Camper's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

CAMP \_\_\_\_\_ Camp Dates: \_\_\_\_\_

Has your child had any of the following? (Please check)

Scarlet fever [ ]	Measles [ ]	Kidney disease [ ]	Asthma [ ]	Chicken pox [ ]
Malaria [ ]	German measles [ ]	Diphtheria [ ]	Rheumatic fever [ ]	Heart Murmur [ ]
Cancer [ ]	Diabetes [ ]	Tuberculosis [ ]	Epilepsy [ ]	Mumps [ ]

Does your child have any allergies (food, medication, bee stings, etc.)? YES [ ] NO [ ]

If yes, please list:

Is your child taking any medication at present? YES [ ] NO [ ]

If yes, please explain:

Has your child had any surgery? YES [ ] NO [ ] If yes, please list:

Date of surgery \_\_\_\_\_

Please list any medical conditions, not mentioned above, or incompletely healed injuries from which your child is currently recovering:

Note: Insurance information must be complete to provide treatment for your child.

Name of Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Return form to: ODU Athletic Camp Office,  
Athletic Administration Building,  
Norfolk, VA 23529-0199  
Phone: (757) 683-5447 Fax: (757) 683-3119



Each camper is covered by a \$25.00 deductible accident policy which covers up to \$1000.00

THIS FORM MUST BE COMPLETED IN ORDER FOR YOUR CHILD TO PARTICIPATE IN ANY  
CAMP HELD AT OLD DOMINION UNIVERSITY.