

# HEALTH AND CONSENT FORM

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**Note to Parent/Guardian:**

It is important that you complete the following Health Record. Your son/daughter must present it at the time of registration on site.

NAME OF ATHLETE

\_\_\_\_\_

(Last) (First) (Middle Initial)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(City) (State) (Zip)

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Does the athlete have any known special needs or illnesses which might interfere with his/her participation in strenuous activity? If so, please explain.
2. Does the athlete have any severe allergies or reactions to drugs or medications? If yes, please explain.
3. Is the athlete presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details (name of medications, dosage, etc.).
4. Indicate the date of last TTB (Tetanus, Dip/Tox, Booster shot) \_\_\_\_\_.
5. Are there any emotional/social disabilities that would be helpful for us to be aware of?
6. Is your son/daughter living with \_\_\_\_both parents, \_\_\_\_one parent, \_\_\_\_guardian, \_\_\_\_other?
7. Who will pick the athlete up from camp?

**Please read and sign the back of this from.**