

MBAA Sports Camp Medical Form

Athlete's name (print): _____

Date of birth: _____

Parent/Legal guardian's name (print): _____

Emergency contact

During the day: _____

Relationship to the Athlete: _____

Phone number: _____

During the afternoon/night: _____

Relationship to the Athlete: _____

Phone number: _____

Medical Insurance

Name of Medical Insurance Provider: _____

Policy Number: _____

*****Please provide a copy of the front AND back of the insurance card*****

Medications

List all medications your child is taking with specific administration and dosage instructions? Must any of these medications be refrigerated? YES / NO (circle one)

Does your child need to be reminded to take his/her medications? YES / NO

Medical Conditions

Please list all medical/visual conditions including—but not limited to—heart defects, shunts, asthma, allergies, cognitive disabilities, deaf-blindness, etc.:

Will the athlete need any specific technical expertise due to other impairments? If so, please explain.

Does the athlete have any medical limitations that will prevent him/her from fully participating in all sporting activities at camp? If so, please explain:

I consent that my child may be taken to an appropriate medical center in the event of an injury/illness.

Parent/Legal Guardian signature: _____

Date: _____