

Camp Location \_\_\_\_\_ Camp Dates or Session # \_\_\_\_\_ Sport \_\_\_\_\_

**PREMIER SPORTS CAMPS, Inc.**  
**Emergency Information and Physical Examination Form**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents (Guardian) \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

If Parents cannot be reached, please contact \_\_\_\_\_ Phone \_\_\_\_\_

Please note any any special or medical conditions (Allergies, Asthma, Etc.) of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_

List all previous Hospitalizations \_\_\_\_\_

**BEHAVIOR MANAGEMENT**

If this camper has any special needs of which the coaches/staff should be aware and/or you have any suggestions for behavior management please list these here.

\_\_\_\_\_

**MEDICAL INFORMATION**

In the case of injury or illness, this information may also be provided to and shared with emergency personnel

Medical Insurance Company

Phone Number

Allergy to medicine, food, animal or insect toxin

ADHD (Attention Deficit Hyperactive Disorder)

Asthma

Autism spectrum disorders

Bleeding Disorders

Contact Lenses

Dentures

Diabetes

Heart Trouble

Fainting Spells

Seizures

Other

Please explain all of the items checked above: \_\_\_\_\_

\_\_\_\_\_

Please list any medications your child is currently taking, including over the counter. Specify if your child will need to take medication during the camp. \_\_\_\_\_

\_\_\_\_\_

Do you know of any health factors that make it advisable for your child to follow a limited program of physical activity or refrain from participating in any aspect of practice? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies, etc. \_\_\_\_\_

\_\_\_\_\_

**HEALTH INSURANCE INFORMATION:**

Carrier Name: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

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

\* **Medical Release:** In case of emergency or illness involving a **PREMIER SPORTS Camp participant** every effort will be made to contact the child's parent(s) or guardian (s). In the event that contact cannot be made, I hereby grant permission for physicians, dentists, or other licensed health care providers and their designees selected by Premier Sports Camps, Inc. to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary, or to refer to duly licensed medical personnel when indicated.

\_\_\_\_\_

X \_\_\_\_\_

Date

Parent's Signature

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**\*\*\* In addition to the above information, each camper must have 1 of the following:**

- A physical examination conducted within 1 year of the first day of camp signed by a physician (attached and brought to the first page above)
- A state Qualifying school physical (attached and brought to the first page above)
- The below Waiver signed by a parent (attached and brought to the first page above)

***\*\* If camper will be arriving with someone other than parent, all information must be complete***

**PREMIER SPORTS CAMPS MEDICAL RELEASE FORM – WAIVER**

The following camper, \_\_\_\_\_, did not have a completed physical form when reporting to camp on (date) \_\_\_\_\_. As his/her parent or legal guardian, I certify that \_\_\_\_\_ is in good health and is able to participate in all camp activities. I take complete responsibility for the health of this camper while he/she is attending Premier Sports Camps.

Parent / Guardian Name \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_