

Medical History Form

(To Be Completed by Parent or Guardian)



CAMPER _____

SCHOOL _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENTS/GUARDIANS NAME _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

Please Answer All Questions

Have you had	Yes	No	Comments
Eye Trouble	___	___	_____
Ear, Nose, Throat Trouble	___	___	_____
Frequent or Severe Headaches	___	___	_____
Stomach or Intestinal Trouble	___	___	_____
Kidney or Bladder Disease	___	___	_____
Heart Murmur	___	___	_____
Infect. Mononucleosis	___	___	_____
Anemia, Epilepsy, or Diabetes	___	___	_____
Asthma, Hay Fever, or Hives	___	___	_____
Injury to Bones or Joints	___	___	_____
“Trick” knee, shoulder, etc.	___	___	_____

Do you have any condition, or is any drug or other treatment being followed, which should be continued or periodically evaluated? (Give details)

No Yes _____

Have you had any drug or other known sensitivity or intolerance? (Give details)

No Yes _____

Have you had any illness, injury, or operation or been hospitalized other than as already noted?(Give details)

No Yes _____

I certify that the information in this application is correct. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I also understand that my son/daughter must provide her/his own insurance policy protection to cover medical treatment for camp activities.

Parent Signature _____ Date ____ / ____ / ____

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

(Pima County, Arizona)



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 **WILDCAT TENNIS** 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 **WILDCAT TENNIS** to administer outpatient medical, surgical, or dental services as appropriate, or necessary anti-gens or other injections, to perform emergency procedures as necessary, or to refer to duly licensed medical personnel when indicated.

_____ X _____
Date Parent's Signature

***** 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**

WILDCAT TENNIS 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 _____