

MEDICAL HISTORY FORM



**MAYHEM
SUMMER
CAMP**

Please fill out and return, send a photo, or email back

STUDENT INFORMATION

Full Name:		Date of Birth:	
Gender:		Phone Number:	
Email Address:		Address:	

Emergency Contact Name:	
Emergency Contact Phone:	

Current Medications

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Allergies

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•	

Past Medical Conditions

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Surgeries or Hospitalizations

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(Optional) Family Medical History

LIFESTYLE INFORMATION

Vision Complications:	
Hearing Issues:	
Exercise Frequency:	

Primary Physician:	
Insurance Provider:	

Parents Signature	
Date:	

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