

HEALTH INSURANCE & MEDICAL INFORMATION SHEET

EVERY PARTICIPANT MUST HAVE THIS FORM ON FILE

- Private insurance information must be provided. If a participant does not have private health insurance, be advised that, should a participant require medical attention, you are responsible for paying any costs not covered by our insurance.

Participant's Name: _____
Participant's Address: _____ City: _____ State: _____ Zip: _____
Participant's Phone Number: _____ Date of Birth: _____
Insurance Company: _____ Effective Date: _____
Insurance Company Phone Number: _____ Group #: _____
Policyholder's Name: _____ Policy #: _____
Relationship to Participant: _____
Contact Number: _____
Name of Primary Care Physician: _____
Physician's Phone Number: _____
Emergency Contact Person: _____ Phone #: _____
Relationship to Camper: _____
Phone Number: _____
Alternate Contact Person: _____ Phone #: _____

Is there any medical history involving any of the following (please indicate yes or no for each)

	YES	NO	YES	NO
Operations	_____	_____	Heart Disease	_____
Convulsions	_____	_____	Phobias/Fears	_____
Diabetes	_____	_____	Past Illness	_____
Epilepsy	_____	_____	Seizures	_____
Food Allergies	_____	_____	Medication Allergies	_____
If "Yes" to allergies, indicate:	_____	_____	If "Yes" to allergies indicate:	_____

If you answered "Yes" to any of the above conditions, please explain in detail

Please advise of any special instructions or other notes that we should know about this camper

Non-Prescription Drugs: My child may be given non-prescription, over-the-counter medications as needed
(Examples: Tylenol, antihistamines, antacids)

YES NO Exceptions: _____

RELEASE:

The undersigned, being a parent or legal guardian of this camper understands and accepts that injury is possible while participating in the sport of gymnastics. I authorize the directors to act for me according to their best judgment in any medical emergency requiring medical attention. I agree to assume financial responsibility for this service. I hereby give permission to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation, and administer treatment including hospitalization, in the event that I cannot be contacted.

Parent or Guardian Signature: _____

Date: _____