

**WEST VIRGINIA UNIVERSITY-POTOMAC STATE COLLEGE
ATHLETICS CAMPS/CLINICS**

Camp Health Form

Name _____

Birth Date _____ Last _____ First _____ Middle Initial _____
Sex _____ Age _____

Parent or Guardian _____

Home Address _____ Street _____
and Number _____

City _____ State _____ Zip _____

Phone() _____

If parent or guardian above is not available in an emergency, please call:

1. _____ Phone() _____
2. _____ Phone() _____

Health History (Check, giving approximate dates)

Ear Infections	_____	Hay Fever	_____
Ivy Poisoning	_____	Asthma	_____
Convulsions	_____	Insect Bites	_____
Diabetes	_____	Penicillin	_____
Behavior/ADD/ADHD	_____	Other Drugs	_____

Operations or Serious Injuries (Dates) _____

Insurance Company Name: _____

Policy Number _____ Group Number _____

Policy Holder Name _____

Parent or Guardian Signature _____

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

Parent's Authorization

This health history is correct as best as I know, and I hereby give permission for the person herein described to engage in all prescribed camp activities, except as indicated below

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected at the camp director's discretion to hospitalize, secure treatment, and order injection, anesthesia or surgery for my child.

Signature _____

Date _____

Restrictions/Limitations While at This Camp for This Camper:

A sports camp / clinic participant shall not be permitted to attend a particular camp unless this camp health form, or a similar document with a doctor's signature is completed and returned to the appropriate camp staff no later than the day of registration.

Doctor's Name (Print): _____

Doctor's Signature: _____ Date: _____