



# UNIVERSITY of ROCHESTER

2018

## UNIVERSITY OF ROCHESTER SOFTBALL DAY CAMP

### MEDICAL HISTORY FORM

To Whom It May Concern:

I, \_\_\_\_\_, give permission for first aid or medical treatment to be given to my daughter, \_\_\_\_\_ if deemed necessary by the Certified Athletic Trainer or qualified physician. The following health history is correct as far as I know, and the permission to engage in all prescribed camp activities, excepted as noted by our family doctor or me is given.

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Signature of Parent/Guardian)

Camper's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Family's Doctor Address: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Does this camper have medical insurance? (please circle) YES or NO

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

Insurance Policy Number/Group: \_\_\_\_\_

Insurance Carrier Phone Number: \_\_\_\_\_

Has the camper had a physical examination performed within the last year? YES or NO

Does the camper have any allergies? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Does the camper currently take any medication(s) or does she have any reactions to penicillin or any other prescriptions? If yes, please list: \_\_\_\_\_

\_\_\_\_\_