

Falcon Girls Basketball Academy
Medical History Form(page 1)

Camper's Name: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Address: _____

Place of Employment: _____

Home Phone:(____) _____ Work Phone:(____) _____

Another Person who will likely know where you can be reached:

Name _____ Phone:(____) _____

If you plan on being away from home during camp, please indicate how we can contact you in case of emergency: _____

Name of Insurance Co: _____ Policy #: _____

In whose name is the insurance listed?: _____

Please list any medications your daughter is currently taking:

Prescription: _____

Over the Counter: _____

Drug Sensitivities: _____

Allergies: _____

Date of last tetanus: _____

Please read, date and sign:

I verify that my child has been checked by a physician in the last year and is physically able to participate in basketball camp. If my child needs medical treatment while participating in the camp, it is my wish that treatment be started immediately if it is deemed necessary by a physician or athletic trainer, with the understanding that every effort will be made to notify me in case of any major injury or illness. I will accept responsibility for all costs related to such treatment.

Date: _____ Signature: _____

Please turn to other side.

Has your child had any significant injuries or been hospitalized for injuries/illnesses? Please be specific and give the approximate date.

For example:

Neck: _____

Shoulder: _____

Knee: _____

Ankle: _____

Back: _____

Wrist: _____

Hand: _____

Other: _____

Significant medical history(diabetes, heart, etc): _____

If your child sustains an injury at camp that requires attention and it lasts more than three days, she should be seen by a physician after returning home.

Medication Form

_____ has brought/will bring the following medications with her to
(name of camper)
camp. She has my permission to use them. She may not share them with any other camper.
Medications: _____

The camp director or athletic trainer may administer the following medications to

_____. _____ Tylenol
name of camper _____ Benedryl
_____ Tums

Parent Signature: _____.

I, _____, am aware that I may NOT share any medications with other campers.

Signature of camper: _____