

# WEST VIRGINIA UNIVERSITY ATHLETICS CAMPS/CLINICS

## Camp Health Form

Name \_\_\_\_\_  
Last First Middle Initial  
Birth Date \_\_\_\_\_ 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:

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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: \_\_\_\_\_