

UC San Diego Sports Camps Medical/ Insurance Information

Enrolled in _____ sports camp

Last Name _____ First Name _____ Age _____ Gender _____ Date of Birth _____

Dates enrolled in camp(s):

1. _____ 2. _____ 3. _____

Parent/Guardian name _____

Address _____ City _____ State _____ Zip _____

In case of emergency, please notify:

Name _____ Relationship _____ (Home) _____ (Work) _____

Health Care Carrier _____ HMO ___ PPO

Policy Number _____ Name of member _____

HEALTH HISTORY (Check/Explain)

- Frequent Ear Infections
- Heart Disease/Defect
- Diabetes
- Hypertension
- Mononucleosis
- Bleeding/Clotting Disorders
- Bed wetting problem
- Sleep Walker
- Convulsions
- Other _____
- Operations/Serious Illness
- Disability/Recurring Illness
- Dietary Modification
- Orthopedic/sports injuries

DISEASES

- Chicken Pox _____
- Mumps _____
- Measles _____
- German Measles _____

IMMUNIZATION

(Check if up to date)

- DPT
- Rubella
- Tetanus
- Oral Polio
- Measles
- Mumps

ALLERGIES (Check/Explain)

- Hay Fever
- Asthma
- Insect Stings
- Penicillin
- Food (Please Specify) _____
- Other _____

Family Physician _____

Phone _____

Family Dentist _____

Phone _____

Has camper been exposed to a communicable disease within the last 21 days?

Yes ___ No ___ If Yes, what disease? _____

May camper have Tylenol (acetaminophen)? Yes ___ No ___

MEDICAL RELEASE INFORMATION

If your child is bringing medication to camp, please complete the following:

Type of Medication _____

How to Administer _____

Purpose of Medication _____

Other Comments _____

Please note that the medication must be in original container with the label still intact

PARENT/GUARDIAN AUTHORIZATION

The information stated above is correct as far as I know, and the individual herein described as "camper" has permission to participate in all camp activities (such as outings to: movies, beach, swimming pool, etc.) except as noted. I hereby give permission to the medical personnel selected by UCSD Camp Staff to order x-rays, routine tests, treatment, and necessary transportation for the above-named camper in the event that I cannot be reached in an emergency. I hereby grant permission to the medical personnel selected by UCSD to secure and administer treatment including hospitalization for the above named camper. I FURTHER UNDERSTAND, THAT IF I DO NOT HAVE MEDICAL INSURANCE, I WILL BE RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED.

PARENT/GUARDIAN OR ADULT CAMPER SIGNATURE

SIGNATURE _____ DATE _____