

# 2022 CAMPS & CLINICS SPORTS MEDICINE INFORMATION SHEET

**\*\*CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE IN ANY ACTIVITIES UNTIL ALL REQUIRED FORMS ARE SUBMITTED\*\***

Camp/Clinic Name: \_\_\_\_\_

Full Legal Name (FML): \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_

Citizenship: \_\_\_\_\_ Gender (if willing to provide): \_\_\_\_\_

## Primary Emergency Contact:

Name (First & Last): \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

## Secondary Emergency Contact:

Name (First & Last): \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

## Allergies/Reaction

Please list all allergies (medication, food, bee stings, poison ivy, etc.) and describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

## Injury History

Please list any injuries, including recent sprains, fractures, concussions, etc. and the date (MM/YY) the injury occurred.

## Medical Conditions

Please list all medical conditions (asthma, diabetes, cardiac disorders, seizure disorders, sickle cell trait, history of heat illness or cramping, etc.).

## Current Medications

Date of Last Tetanus Shot (MM/YY): \_\_\_\_\_

**Insurance Information**

*INSTRUCTIONS:* Please provide the below information or attach a copy of the front and back of your insurance card.

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination/Renewal Date: \_\_\_\_\_

Type:    \_ 1) POS   \_ 2) PPO   \_ 3) HMO   \_ 4) MEDICAID   \_ 5) MILITARY   \_ 6) INTERNATIONAL

Insurance number to call to confirm benefits: \_\_\_\_\_

Please list any additional medical coverage: \_\_\_\_\_

Please fill out the below information for the **Policy Holder**.

Name & Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check this box if your personal health insurance policy is an out of state Medicaid policy (not from the state of Virginia).

Please check this box if you do not have personal health insurance.