

Beat the Streets Wrestling Medical History

Today's Date _____ Name _____ Birth Date _____ Age _____
Last First Int

Parent or Guardian _____ Phone _____

Home Address _____
Street & Number City St Zip

Phone Number _____ Alt Phone _____

Emergency Contact _____

Home Address _____
Street & Number City St Zip

Phone Number _____ Alt Phone _____

Health History (check-giving approximate date)

Diseases

Frequent Ear Infections _____	Psychiatric Treatment _____	Chicken Pox _____
Heart Defect/Disease _____	Mononucleosis _____	Measles _____
Convulsions _____	Asthma _____	German Measles _____
Diabetes _____		Mumps _____
Bleeding/Clotting Disorders _____		
Hypertension _____		

Has this camper ever required any psychiatric counseling or hospitalization? _____

Operations or serious injuries (dates): _____

Disability or chronic or recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice : _____

Dietary Modifications: _____

Current medication (send w/instructions): _____

Other diseases or details of above: _____

Name of family physician: _____ Phone _____

Date of last physical examination: _____

Do you carry family medical/hospital insurance? _____ If so, indicate: _____

Carrier _____ Policy of Group No _____

Important- Box A or B must be complete to assist your child in case of an emergency

A. Permission to provide necessary treatment of emergency care:

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staff _____

B. I do not wish to give the camp permission to give emergency care if I cannot be reached.

Signature _____