

# UC San Diego Sports Camps

## Medical/ Insurance Information

Enrolled in Men's Basketball 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 \_\_\_\_\_