UCSD SPORTS CAMPS AND CLINICS
Medical/Insurance Information

Last Name ________________________________ First Name _________________________ Age _______ Gender _____________

Social Security # __________________ Date of Birth _________ Camp(s) Enrolled In Dates

1. ____
2. ____
3. ____

____
Parent/Guardian

Home Address ____ City _________________________ State _____ Zip __________

In case of emergency, please notify:

Name __________________________ Relationship ____________ Home Phone _______________ Cell/Work __________________

Health Care Carrier ____ ❒ HMO ❒ PPO

Policy # ____ 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____
- ❒ Orthopedic/sports injuries____
- ❒ Operations/serious illness____
- ❒ Disability/recurring illness____
- ❒ Dietary modification ____

IMMUNIZATIONS (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 ________________________________

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DISEASES

Chicken Pox ____
Mumps____
Measles____
German Measles____

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 ____

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 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.

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PARENT/GUARDIAN OR ADULT CAMPER SIGNATURE DATE

Revised 3/5/2009