

# HEALTH HISTORY FORM

## REQUIRED INFORMATION:

**NAME OF SPORT CAMP ATTENDING:** \_\_\_\_\_

(for example: Volleyball, Football, Boys Basketball, etc.)

**DATE OF CAMP:** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

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## EMERGENCY CONTACT INFORMATION

In case of emergency or injury, we will contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does Participant have any medical issues: **Please list below (e.g., Allergies, medications, insect bites, Asthma, Diabetes, etc.)**

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Are you taking any medications regularly? If so please identify: \_\_\_\_\_

Does the participant have any physical conditions requiring special considerations?

Explain: \_\_\_\_\_

**Participants must have had a physical examination within 36 months of the camp in order to participate.** Date of most recent physical: \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS FORM MUST BE RECEIVED BY THE SPORTS CAMP OFFICE**  
**TWO WEEKS PRIOR TO THE START OF THE CAMP**

**Any questions please call: (920) 424-7143**

**Matt Lewis, Sports Camp Director:**

**Please mail form to:**

**Sports Camps Office**

**Kolf Sports Center**

**800 Algoma Blvd.**

**Oshkosh, WI 54901**