UCSD SUMMER SPORTS CAMPS
Medical/Insurance Information

Enrolled in __________________ camp
(Sport)

Last Name __________ First Name __________ Age ____ Gender ____

Social Security # __________ Date of Birth ________

____
Parent/Guardian name (please print)

Dates enrolled in camp(s)
1. __________
2. __________
3. __________

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 __________

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 ____________________

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 DATE __________

Revised 1/18/2011