

arrowood



basketball camp

Health History Form

(Health History forms must be mailed by June 1st)

Please mail health form to:
Dee Dee Deeken
P.O. Box 44632
Eden Prairie, MN 55344

Name of Camper:		Birthdate:	
Home Address:			
City, State:		Zip:	
Name of Parent:		Home Phone:	
Work Phone:		Cell Phone:	
Name of Physician:		Physician Phone:	
Insurance Provider:		Policy #:	
Emergency Contact:		Phone:	

1. Please check if camper has had any of the following conditions and provide date.

- Fainting
 Heart trouble
 Concussion
 Diabetes
 Asthma
 Allergies, please list: _____

2. Please list dates of immunizations.

Tetanus _____ Mumps _____ Measles _____

3. Has the camper recently been exposed to any communicable diseases, including tuberculosis? If so, specify:

4. The camper will participate in a program providing strenuous activities including running, jumping, swimming, etc. Please indicate in the space below if restriction of activity is necessary and also the nature of physical limitation.

5. In the opinion of the parent or guardian, is the young athlete named above able to participate in the physical and recreational programs of this basketball camp? YES _____ NO _____

If health problems or activity limitations are indicated by the parent or guardian, a physical examination performed by a licensed physician MUST accompany this form. It should include instructions relative to the limitation of the camper's participation in camp activities and/or medication requirements.

6. Signature of Parent/Guardian: _____ **Date:** _____

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