

This form is required for participation in MBA Sports Camp



MBA
2009 SPORTS CAMPS MEDICAL/ INSURANCE INFORMATION

CONTACT/ CAMPER INFORMATION

Form section for contact and insurance information, including fields for camper's name, gender, date of birth, parent/guardian contact, address, and insurance details.

HEALTH HISTORY INFORMATION

IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW: PLEASE EXPLAIN IN DETAIL

Form section for health history information, containing 8 numbered questions about medical care, surgery, conditions, medication, dietary restrictions, allergies, and asthma.

NON-PRESCRIPTION MEDICATION

INDICATE THE OVER-THE-COUNTER MEDICATIONS (GENERIC FORMS) YOU AUTHORIZE THE STAFF TO ADMINISTER AS NEEDED

Form section for non-prescription medication, listing Tylenol, Ibuprofen, Cough Drops, Benadryl, Pepto-Bismol, and Sudafed with yes/no checkboxes.

AUTHORIZATION FOR TREATMENT

THE INFORMATION PROVIDED IS CORRECT, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES AS NOTED. I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY MBA/DIXIE STATE TO EVALUATE ANY INJURIES/ ILLNESSES, ADMINISTER FIRST-AID AND MAKE REFERRALS FOR FURTHER CARE AS DEEMED NECESSARY.

PARENT/GUARDIAN OR ADULT CAMPER SIGNATURE: _____ DATE: _____