# UC San Diego Sports Camps
# Medical/ Insurance Information

**Enrolled in_____________sports camp**

Last Name___________________First Name_________________Age____Gender ________ Date of Birth_________
Dates enrolled in camp(s):
1.____________________ 2.____________________3.______________________
Parent/Guardian name______________________________________________________________
Address_______________________________________City_________________State_________Zip_____________
In case of emergency, please notify:
Name_______________________ Relationship_________________ (Home)_____________(Work)_____________
Health Care Carrier________________________________________ __ HMO __ PPO
PolicyNumber_____________________________ 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________________________________
- ❑ Operations/Serious Illness
- ❑ Disability/Recurring Illness
- ❑ Dietary Modification
- ❑ Orthopedic/sports injuries

**DISEASES**

- ❑ Chicken Pox __________________________
- ❑ Mumps ______________________________
- ❑ Measles______________________________
- ❑ German Measles ______________________

**IMMUNIZATION**

**(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________________________________

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

SIGNATURE____________________________________________________________DATE______________