

# KERMIT DAVIS' MEN'S BASKETBALL CAMP

## HEALTH / INSURANCE FORM

**ALL PLAYERS** attending camp must have this completed form on file at the camp registration. The signature of a parent or guardian is required as well as the insurance information for the camper to complete this form. A copy of the insurance card both front and back needs to be attached to the form upon registration.

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
Street and Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If not available in an emergency, please notify:

1. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### HEALTH HISTORY (check all that apply)

Asthma \_\_\_\_\_  
Ear Infections \_\_\_\_\_  
Migraines \_\_\_\_\_  
Convulsions \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Heart Murmur \_\_\_\_\_  
Behavior Disorder \_\_\_\_\_

Allergies:  
Bee Stings \_\_\_\_\_  
Hay Fever \_\_\_\_\_  
Food \_\_\_\_\_  
Penicillin \_\_\_\_\_  
Other Drugs \_\_\_\_\_  
Other: \_\_\_\_\_

### Operations or Serious Injuries (list condition and dates)

\*\*\*\* *All surgeries and serious injuries require a physician's clearance (sent to camp director) before participating in a Middle Tennessee State University Camp.*

Chronic/Recurring Illness, or Serious Illness in the past 6 mos. (list condition/date):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\* *Serious or recent illnesses require a physician's clearance before attending summer camp.*

Medications camper is currently taking (please be specific):

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:** *Please notify the camp director if this camper is exposed to any communicable disease, or if the camper sustains and injury during the three weeks prior to this camp.*

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

**IMMUNIZATION HISTORY**

DTP Series \_\_\_\_\_  
Measels \_\_\_\_\_  
Rubella \_\_\_\_\_

Booster \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Tuberculin Test \_\_\_\_\_

**RESTRICTIONS / LIMITATIONS WHILE AT THIS CAMP: (Please be specific):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:**

Camper's with the following conditions must provide written physician's clearance before attending summer camp. Please return an official letter of physician's clearance (for each item checked) with this form. The camp medical director may require a physician's clearance for other conditions not listed on this form.

Fracture in last 6 mos. \_\_\_\_\_  
Surgery in the past year \_\_\_\_\_  
Seizure Disorder \_\_\_\_\_  
Heart Condition \_\_\_\_\_  
(Including murmurs) \_\_\_\_\_

Spinal Injury \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Hemophilia \_\_\_\_\_  
Loss of Organ \_\_\_\_\_  
Illness in past 1 mos. \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_  
Policy Holder's S.S. # \_\_\_\_\_  
Policy / GRP # \_\_\_\_\_  
Insurance Co. # (for pre-approval) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_  
Relation to Camper \_\_\_\_\_  
Is pre-approval required? \_\_\_\_\_

**PARENT / GUARDIAN AUTHORIZATION**

This health history is correct, so far as I know, and the person herein described has permission to engage in all prescribe camp activities, except as described on the second page.

In the event of an injury or illness, I give permission for the camp medical director to discuss the injury/illness with the coach, parents, guardians, physicians, EMT's, and any other medical professional affiliated with Middle Tennessee State University.

In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my childe as named above:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_