

Planet Rock

Participant Medical Information Form

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Name(s): _____ Home Phone#: _____

Other #'s: _____ (work) _____ (cell)

Emergency Contact: _____

Phone#: (Hm/Wk/Cell?) _____

Name of Personal Physician: _____ Phone#: _____

Health/Accident Insurance Co: _____ Policy #: _____

Is the participant currently undergoing treatment for any illness or conditions? If yes, please describe:

Has the participant's doctor or any other medical professional advised limitation in physical activities in any way? If yes, please describe: _____

Does the participant have any conditions that would limit their involvement in physical activities? If yes, please describe: _____

Has the participant ever had any injuries including back, spine, broken bones, sprains, dislocations, soft tissue injury etc? If yes, please list injury and year of occurrence? _____

Is the participant currently taking any medications, prescribed or otherwise? If yes, please describe: _____

Has the participant been directed to and thus carries an inhaler? ____Y ____N (please check one)

Does the participant have any known allergies, asthma or difficulty breathing after exertion? If yes, please describe: _____

Has the participant ever had any allergic reaction to insect bites, medications, or food? If yes, please describe: _____

What other health factors or special dietary needs should we know about before the participant starts camp? _____

Parent/Guardian Signature

Date