



HEALTH HISTORY & INFORMATION

Name: _____ Age: _____ Gender: M F
Home Address: _____
City, State, ZIP: _____
Phone () _____ Cell Phone () _____
Emergency Contacts: Parent/Guardian _____

Health History:

() Diabetes () Heart defect/murmur () Asthma () Bleeding Disorder
() Surgery (past 2 years) () Sickle-Cell

Do you have any injury or illness that bothers you in any way? _____

Medications – type, dose and frequency of use _____

Allergies (Both Drug & Seasonal) - _____

Insurance Company _____ Policy/Group Number _____
Insurance Policy Holder's Name _____

****Please include a copy of the front & back of insurance card****

Please Select Camp:

___ @ Mercer ___ @ Warner Robins ___ @ Elite Res (Mercer)

AUTHORIZATION FOR TREATMENT: I hereby give permission to the athletic trainers/physicians selected by the Mercer camp sponsors to order X-rays, lab test and provide treatment for my child as named above while attending the camp named above. In the event I cannot be reached for an emergency, I hereby give permission to the athletic trainer/physician selected by the Mercer camp sponsors to secure and administer such treatment(s) as may be necessary, including hospitalization for my child while attending camp.

Signature of Parent/Guardian

Date