

HOOPED NATION

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

I hereby give authorization to any adult senior staff member of HoopEd to provide first aid, emergency medical treatment as well as give permission to ride along in an ambulance if need be when care is necessary from participating at camp.

I authorize medical treatment to be provided to my child (please circle one): Yes No

Parent/Guardian Signature: _____

Date: _____