

# Beat the Streets Wrestling Medical History

Today's Date \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Last First Int

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & Number City St Zip

Phone Number \_\_\_\_\_ Alt Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & Number City St Zip

Phone Number \_\_\_\_\_ Alt Phone \_\_\_\_\_

**Health History** (check-giving approximate date)

**Diseases**

Frequent Ear Infections _____	Psychiatric Treatment _____	Chicken Pox _____
Heart Defect/Disease _____	Mononucleosis _____	Measles _____
Convulsions _____	Asthma _____	German Measles _____
Diabetes _____		Mumps _____
Bleeding/Clotting Disorders _____		
Hypertension _____		

Has this camper ever required any psychiatric counseling or hospitalization? \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Disability or chronic or recurring illness: \_\_\_\_\_

Any specific activities to be encouraged or limited by physician's advice : \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_

Current medication (send w/instructions): \_\_\_\_\_

Other diseases or details of above: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_ If so, indicate: \_\_\_\_\_

Carrier \_\_\_\_\_ Policy of Group No \_\_\_\_\_

**Important- Box A or B must be complete to assist your child in case of an emergency**

**A. Permission to provide necessary treatment of emergency care:**

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staff \_\_\_\_\_

**B. I do not wish to give the camp permission to give emergency care if I cannot be reached.**

Signature \_\_\_\_\_