



PLAY BY PLAY

SPORTS BROADCASTING CAMPS

PART 1. TO BE COMPLETED BY PARENTS: Camp Attending (City) _____

Camper name: _____ Date of Birth: _____ Gender M F

Parent or Guardian Name: _____

Phone # (Home) _____ (Work) _____ (Cell) _____

Home Address _____

Emergency Contact _____ Relation to Camper _____

Emergency Phone Contact Day: _____ Evening _____

Insurance Information: Is the participant covered by family medical/hospital insurance? Yes No

Is so, indicate carrier or plan name: _____ Group # _____

Insurance ID (or SS#) _____ Name of insured _____

Relation to camper _____ Name of Family Physician _____

Medications Being Taken:

This camper takes no medications _____

This camper takes medications as follows:
please list all medications taken routinely

This health history is correct as far as I know and I hereby give permission to camp personnel to act according to their best judgment in any emergency situation requiring medical attention

Signature of Parent or Guardian: _____ Date: _____

Part 2: TO BE COMPLETED BY PHYSICIAN
 IMMUNIZATION HISTORY

Required immunizations must be determined locally. Please record the dates of **all immunization** and most recent boosters

VACCINES	YEARS OF ALL IMMUNIZATIONS	YEAR OF LAST BOOSTER
Diphtheria		
Pertussis (Whooping Cough) DPT		
Tetanus		
Or		
Tetanus		
Diphtheria DT		
Or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles		
Mumps		
Rubella (German-3 Day Measles)		
Other		
Tuberculin test given (most recent)		
Haemophilus Influenza b (HIB)		
Hepatitis B		
Varicella (Chicken Pox)		
BCG		

HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN

I have examined the above camp applicant within the last year. Date examined: _____

In my opinion the above's condition DOES DOES NOT preclude his/her participation in camp program

Does applicant have epilepsy? YES NO Does applicant have Diabetes? YES NO

Any recommendations and restrictions while at camp: _____

Licensed Physician's Signature: _____ Date _____

Address: _____ Phone # _____