

Session(s) # \_\_\_\_\_

Camper's Name \_\_\_\_\_

## Summer Sport Camp Medical History Questionnaire

**INSTRUCTIONS:** Circle the appropriate answer. Please elaborate **yes** answers in the space provided.

- |     |    |  |
|-----|----|--|
| yes | no | 1. Does your child have any type of allergies to food, medications, or insects?  |
| yes | no | 2. Is your child currently being treated for diabetes or been told that she/he has diabetes?   |
| yes | no | 3. Has your child ever been told that he/she has a heart murmur?   |
| yes | no | 4. Has your child ever been treated for any heart or circulatory system problem?   |
| yes | no | 5. Has your child been "knocked out" or experienced a concussion in the last year?<br>Please give dates and severity of condition. Is there a history of seizures of any kind? |
| yes | no | 6. Are there any long term effects from head injury?   |
| yes | no | 7. Does your child wear contact lenses or glasses for athletic participation?  |
| yes | no | 8. Has your child had any sprains, strains, fractures, etc. which required medical attention.  |
| yes | no | 9. Has your child had any surgeries of any kind in the last year?  |
| yes | no | 10. Has your child ever been told that he/she has a hernia?  |
| yes | no | 11. Are there any other medical conditions or health problems which should be discussed?   |
| yes | no | 12. Is your child currently on any type of medication which will need to be administered while in camp? Explain THOROUGHLY if answer is yes.                                   |

Please explain "yes" answers also, is there any reason why your son/daughter cannot fully participate in camp?

---



---



---

- \_\_\_\_\_ I understand the above questions and have answered them completely and truthfully to the best of my ability.
- \_\_\_\_\_ I give permission for any necessary medical attention to be given to my son or daughter in the event that an injury or illness should occur while participating in a summer sports camp at Butler University. I understand that if my child suffers a serious injury which may require advanced medical care he/she may be transported to a local hospital for appropriate care.

Parent or Guardian signature \_\_\_\_\_

Father's Name (print) \_\_\_\_\_ Mother's Name (print) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Office Phone # \_\_\_\_\_

Name and phone # of whom should be called in the event that you cannot be reached?



### Permission to Use Photographs

I understand that during the course of the Camp a representative of LaVall Jordan Basketball Camp, LLC, may photograph my child. I hereby authorize LaVall Jordan Basketball Camp, LLC to use any photograph containing my child in promotional materials.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_