2019 SAINT LOUIS VOLLEYBALL CAMP MEDICAL INFORMATION FORM
Due 2 Weeks Prior to Start of Camp

CAMPER INFORMATION:

CAMPER NAME: _____ CAMP DATES: _____

CAMPER ADDRESS: _____ DATE: _____

CITY: _____ STATE: _____ ZIP: _____

MEDICAL HISTORY (To be completed by parent/guardian)

A. Allergy (drugs, food, asthma, etc.)	Y _____	N _____
B. Pre-Existing injury currently under treatment	Y _____	N _____
C. Medical conditions currently under treatment	Y _____	N _____
D. Birth Deformities (one kidney, etc.)	Y _____	N _____
E. Fractures or other disability type injuries	Y _____	N _____
F. Mental disorders or convulsion	Y _____	N _____
G. Known past illness for more than one week's duration	Y _____	N _____
H. Concussion or head injury	Y _____	N _____

PLEASE INCLUDE AN EXPLANATION OF ANY QUESTIONS ABOVE ANSWERED "YES."

_____

_____

_____

PHYSICIAN'S NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DENTIST'S NAME: _____ PHONE: _____

INSURANCE INFORMATION:

MEDICAL INSURANCE: _____ POLICY#: _____

ADDRESS OF INSURANCE COMPANY: _____

CITY: _____ STATE: _____ ZIP: _____

INSURANCE COMPANY PHONE: _____

EMERGENCY INFORMATION:

Parent or Guardian:

(1) _____ PHONE: _____

Relation to Camper: _____ ALT. PHONE: _____

(2) _____ PHONE: _____

Relation to Camper: _____ ALT. PHONE: _____

PREFERRED EMERGENCY CONTACT (Circle One): (1) (2)

Submission Options:

1. Mail to Saint Louis Volleyball Camp, PO Box 220271, St. Louis MO 63122
2. Email to info@saintlouisvolleyballcamp.com
3. Scan and upload to your online account
4. Fax to 314-977-3178, Attn: Volleyball Camp