

## Athletic Camp/Clinic Sports Medicine Information Sheet

Please provide the following medical information for your child:

Primary emergency contact (Name, relationship, phone number)

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone Number \_\_\_\_\_

Secondary emergency contact (Name, relationship, phone number)

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone Number \_\_\_\_\_

Allergies (medication, food, bee sting, poison ivy, etc.)

Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injury history (eg. recent sprains, fractures):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical conditions (eg. asthma, diabetes, cardiac disorders, seizure disorders)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications currently taking

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot (month/year)

\_\_\_\_\_