

Medical Form – Marshall Volleyball Camp

P O Box 1360
Huntington, WV 25715
304-696-2411

Please fill out and return this form prior to the beginning of the camp along with a photo copy of both sides of your insurance card. Campers will not be permitted to participate in camp without this completed form.

CAMPER _____
(Last) (First) (MI)

AGE _____ DOB _____ SS# _____

ADDRESS _____

EMERGENCY PHONE _____ ALT PHONE _____

CONTACT NAME _____

INSURANCE INFORMATION

Name of Insurance _____ Phone _____

Address _____

Name of Insured _____ Insured DOB _____

ID # _____ Group# _____ Policy# _____

HMO _____ PPO _____

******TO BE COMPLETED & SIGNED BY PARENT OR LEGAL GUARDIAN******

Date of last tetanus booster _____

Any chronic or recurrent illness (diabetes, asthma, seizure...) _____

Any prescription aid (contacts, orthotics, mouth guard...) _____

List all known allergies _____

Any dizziness, frequent headaches, or concussion? _____

List any previous musculoskeletal injuries or diseases related to the musculoskeletal system (broken bones, Dislocation, sprain, strain) _____

Have any sudden death in family history? _____

Have a family history of heart attack before age 50? _____

Any known problems with heart (murmur) or blood pressure? _____

Heat exhaustion/sun stroke? _____

List any medications camper will be taking during stay _____

a. Does camper take his/her own medications? _____yes_____no

b. If yes, include full instruction as to time and dosage of each
