

# SUMMER CAMP

## Medical Form

### MEDICAL INFORMATION FORM

#### CAMPER INFORMATION:

Name of camper: \_\_\_\_\_

(Last)

(First)

Home address:

\_\_\_\_\_

\_\_\_\_\_

Home/Cell phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Camp date/dates: \_\_\_\_\_

#### MEDICAL INFORMATION:

Please list any allergies:

Please list any medication currently taking:

Date of last TETANUS injection:

Additional comments:

I, \_\_\_\_\_ hereby Do/Do NOT give Pittsburgh  
Parent/Guardian circle one

Indoor Sports Arena permission to secure emergency treatment for my child in case of illness or accident, I shall pay or assume responsibility for all expenses. I understand that Pittsburgh Indoor Sports Arena does not provide accident/health insurance coverage to camp participants, and that my insurance is my primary coverage.

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