

TAYLOR JONES YOUTH BASKETBALL CAMP

HEALTH EXAM/RECORD

Physical Exams are valid for 3 years from date of last examination

PLEASE SCAN AND EMAIL COMPLETED FORM TO:

TAYLORMADEATHLETE@GMAIL.COM

DAY ATTENDING _____

Name _____ DOB _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Phone _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER

_____ May participate in all camp activities Date of Exam: _____

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? YES NO

If yes, indicate prescription: _____

Any Allergies? YES NO

If yes, please explain _____

Any special diet? YES NO

If yes, please explain _____

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus			Covid-19		

NAME OF INSURANCE CARRIER _____ GROUP OR POLICY # _____

Taylor Jones Basketball Youth Camp requires that a camper's family health insurance plan be responsible for any medically related services provided to their child. The camper's completed medical form must include the family's health insurance provider and current policy number.

NAME OF FAMILY PHYSICIAN _____ Phone _____

ASSUMPTION OF RISK AND PERMISSION FOR TREATMENT - MUST BE COMPLETED BEFORE ATTENDING CAMP

Parents authorization. The health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities noted by me and the examining physician. Permission is hereby granted for medical and surgical care and treatment to be provided by medical personnel at Taylor Jones Youth Basketball Camp or a near by hospital. Should a medical emergency arise, permission is granted to obtain treatment at a nearby hospital. I, also understand that participation in sports activities can result in injury and that I will not hold the camp, staff, Durfee Innovation Society responsible should any such event occur unless negligence has occurred.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

DATE & SIGNATURE of Physician, APRN, or PA _____ DATE _____