

**WINTER TOP 40 ID WEEKEND  
HEALTH FORM**

Player Name \_\_\_\_\_ Age \_\_\_\_ Weight \_\_\_\_ Height \_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

If your child will be taking medication during camp, please indicate name of drug and dosage. \_\_\_\_\_

Please list any pertinent allergies and/or drug reactions. \_\_\_\_\_

Is there any physical activity from which your child should be restricted? If yes, please explain  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

***I, the parent of \_\_\_\_\_ give permission for my child to receive emergency medical treatment and to be hospitalized if necessary. I understand that every attempt will be made to contact me, or the person named before taking this action. I hereby waive and release the camp management and sponsors from any liability for any injury or illness incurred while at camp. I will be financially responsible for any medical attention during the camp.***

My resident number is \_\_\_\_\_ . My work number is \_\_\_\_\_ .

Emergency Contact: Telephone \_\_\_\_\_

Insurance Carrier and Policy Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

