

Southern Hawk Wrestling Camps Medical History Form

RETURN IMMEDIATELY

by fax to 706-233-7575 / or via Email from our web site to jhenson@shorter.edu

PERSONAL HEALTH AND MEDICAL RECORD

Name _____
Address _____
City and State _____

Date of Birth _____
Age _____ Sex _____
Email address: _____

IN EMERGENCY NOTIFY

1. Name _____
Address _____
City and State _____

Relationship _____
Home Phone _____
Cell Phone _____

2. Name _____
Address _____
City and State _____

Relationship _____
Home Phone _____
Cell Phone _____

EMERGENCY MEDICAL INFORMATION:

Has or is subject to: (Check and give details) _____ Asthma _____ Convulsions
_____ Heart Trouble _____ Diabetes
_____ Fainting Spells _____ High Blood Pressure _____ Allergy or reaction to any medicine, food, plant, animal, or insect toxin _____ Contact lenses _____ Any other condition that may require emergency or special care, medication, or knowledge.
Explain _____

APPROVED FOR _____ except
PARTICIPATION IN: (specify)
_____ Hiking / running _____
_____ Water Activities _____
_____ Competitive Sports _____
_____ All Activities _____

Recommendations: (Explain any restrictions or limitations)

IMMUNIZATIONS:

	Month/Yr Given	Check if Needed	Has Had	Vaccination	Disease	Check if Needed
Tetanus	_____	_____	Measles	_____	_____	_____
Diphtheria	_____	_____	Mumps	_____	_____	_____
Polio	_____	_____	Rubella	_____	_____	_____
Chicken Pox	_____	_____	Whooping Cough	_____	_____	_____

MEDICAL HISTORY

Date of most recent physical exam (month and year) _____

Do you have any current health problems? _____ NO _____ YES

Are you now under any medical care or taking any medications? _____ NO _____ YES

*If Yes, does Parent authorize camper to self-medicate? _____NO _____YES _____Initial

Has there been any surgery, injury, illness, allergy or change in health status since last complete physical exam? _____NO _____YES

(Explain any "YES" answers in the space below): _____

Is there disease of (or past history of):

	No	Yes	Year	Details		No	Yes	Yr.	Details
Serious Illness	____	____	____	_____	Stomach/bowels	____	____	____/____	
Serious Injury	____	____	____	_____	Appendicitis	____	____	____/____	
Deformity	____	____	____	_____	Kidneys or	____	____	____/____	
Surgery	____	____	____	_____	urine	____	____	____/____	
Skin, glands	____	____	____	_____	infection	____	____	____/____	
Ears, Eyes	____	____	____	_____	bed-wetting	____	____	____/____	
Nose, Sinus	____	____	____	_____	Hernia rupture	____	____	____/____	
Teeth, Tonsils	____	____	____	_____	Back, Limbs,	____	____	____/____	
Dentures	____	____	____	_____	Joints	____	____	____/____	
Bridges	____	____	____	_____	Sleepwalking	____	____	____/____	
Chest, Lungs	____	____	____	_____	Heart Murmur	____	____	____/____	
Behavioral Cond.	____	____	____/____	_____	Rheumatic Fever	____	____	____/____	
					Other	____	____	____/____	

PARENT'S AUTHORIZATION:

The undersigned parent, club member or guardian of _____
 The applicant, for and in consideration of the Penn. Wrestling camps accepting said applicant, hereby agrees to save and indemnify and keep harmless the **Southern Hawk Wrestling LLC.**, its staff, agents and sponsors, and Shorter College along with its staff, agents & sponsors against all liability claims, judgment or demands for damages arising as a result of injuries sustained by the applicant traveling to and from the camp and during his time at the site and school grounds, or while wrestling, taking instruction in wrestling and all related club activities. I understand that camp members must comply with all camp and school rules and regulations. Failure to do so may result in dismissal without refund. Further, I hereby authorize in an emergency to be referred to local physicians at my expense.

DATE _____ / _____
 (Parent / Guardian signature) (Applicants signature)

YOUR INSURANCE COMPANY: _____

POLICY NUMBER: _____