

MYC Summer Basketball Camp Medical Form

Camper's Name _____

DOB (M/D/YY) _____

This information will be kept confidential by MYC.

Dietary Requirements (vegetarian, kosher, etc):

Medical Conditions, limitations, allergic reactions:

Does the camper have any physical emotional, behavioral, learning, or dietary issues that may require special attention or understanding? YES or NO

If yes, please summarize here and describe fully on a separate sheet.

Family Physician Name: _____

Physician Phone Number: _____

Address: _____

Insurance Company: _____

Primary Insured: _____

Group ID: _____ Policy Number: _____

Insurance Phone: _____

Certification: I, as the parent/guardian of the above named MYC Summer Basketball Camp camper, do hereby certify that I have accurately listed all known medical and emotional conditions, limitations, and allergies above.

Printed Name: _____ Signature: _____

Date signed: _____