

BOARDSPORT Wakeboard Camp Health Form

Name _____ Birthdate _____ Sex ____ Age ____

Parent/Gaurdian _____ Phone _____

Address _____ City _____ State ____ Zip _____

If not available in emergency notify:

Name _____ Relationship: Parent ____ Guardian ____ Other ____

Address _____ City _____ State ____ Zip _____

Phone _____ Other Instructions _____

Camper's
Doctor _____ City _____ Phone _____

Health Insurance
Provider _____

Insured's Name _____ Policy # _____

Health History

Is your child's health generally good? _____

Has your child had:

Rheumatic fever _____ Convulsions _____ Kidney trouble _____
Heart trouble _____ Digestion problems _____ Hernia _____
Appendicitis _____ Tonsillitis _____ Polio _____ Tuberculosis _____

Operations or serious injuries (types/dates)

Any condition requiring medication?

If so, name of medicine? _____

List any medicine and/or food that your child has shown any allergic reaction to

Date of last tetanus shot: _____