

Coach'em Up Sports Clinic Health Information

www.coachemupsports.com

Student Information

First Name: _____ Last Name: _____ Age: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ E-Mail: _____

School: _____ Entering Grade: __ 9th __ 10th __ 11th __ 12th

Position: _____

How did you hear about the clinic? _____

Student Health Information

Height: ____ ft ____ in Weight: ____ lbs Date of Last Tetanus Shot: ____/____/____

Reaction to any medications or drugs: _____

Current Medication: _____

Has the student been diagnosed with or treated for any of the following conditions: (Indicate Month/Year)

____/____ Allergies	____/____ Hay Fever	____/____ Vision/Hearing Problems
____/____ Asthma	____/____ Ivy Poisoning	____/____ Bleeding/Cutting
____/____ Diabetes	____/____ Ear Infections	____/____ Frequent Headaches
____/____ Heart Defect	____/____ Seizures/Convulsions	____/____ Insect Stings
____/____ Other (Explain)	_____	

Student Emergency/Insurance Information

Parent/Guardian's Name: _____ Contact Number: ____ - ____ - ____

Insurance Company: _____ Policy Number: _____

Person to be contacted should parents not be available:

Name: _____ Relationship: _____ Contact Number: ____ - ____ - ____

We hereby authorize the staff of the Coach'em Up Sports Clinic to act for me according to their best judgement in any emergency requiring medical, surgical, dental or emergency services for the student. The undersigned acknowledges that the below referenced student has no pre-existing medical conditions, other than those listed on this form, of which the clinic should be made aware. We have provided this student with an adequate supply of medication and allergy serums which he/she will bring to the clinic in original pharmacy containers with doctor's instructions. We agree to indemnify and hold harmless Zenit Resources LLC and Coach'em Up Sports and it's agents from any injury or damage to property or person resulting from medical authorization to treat the student or the treatment itself.

This form must be completed with all information and signed by parent/guardian.

Parent/Guardian's Signature: _____ Date: ____/____/____

PLEASE FILL OUT AND BRING TO CAMP