

**Gilman Summer Camps Health Form**

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Emergency # \_\_\_\_\_

Is your child's immunization record up to date as set by the MD State Dept. of Health and Mental Hygiene guidelines? \_\_\_\_\_

Date of your child's last tetanus shot (month/year) \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If YES, please list them:

\_\_\_\_\_

Does your child need an epi-pen while at Gilman? \_\_\_\_\_

Does your child have asthma? \_\_\_\_\_

If yes, does, he/she need an inhaler while at Gilman? \_\_\_\_\_

Please indicate any health concerns about your child that you would like the athletic trainers to know. \_\_\_\_\_

\_\_\_\_\_

**Health Insurance information:**

**Policy or Certificate Number:** \_\_\_\_\_

**Group Name and Number:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Name and Address of the insurance Company:**

\_\_\_\_\_

\_\_\_\_\_