

Auburn Tennis Camps, LLC



Medical Consent Form

Camper Name
Camp Attending (Dates)

MEDICAL CLEARANCE

I hereby certify the named camper is physically able to participate in Auburn University Sports Camp and that I know of no physical impairments which would in any manner limit his/her participation in such program.

Physician's Signature	Date
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OR

Provide any physical accompanied with a physician's signature dated within 12 months of camp with registration or at check-in (State HS physical, etc)

MEDICAL & INSURANCE INFORMATION

Hospitalization Plan

Claim No.		
Insurance Company		
City	State	Zip Code
Phone		

FRONT AND BACK COPY OF INSURANCE CARD MUST BE INCLUDED AT TIME OF CHECK-IN

Medical History (if pertinent)			
Allergies, present medication, special considerations			
Parent/Guardian Name			
Address	City	State	Zip Code

EMERGENCY MEDICAL CONTACT INFORMATION

Name	Relationship to Camper	Contact Number
Name	Relationship to Camper	Contact Number

Parent/Guardian Authorization for camper to receive medical care in the event of illness or medical emergency while participating at Auburn University Sports Camp.

Parent/Guardian Signature _____ Date _____