

**UMBC SUMMER DAY CAMP
MEDICAL INFORMATION FORM
(MEDICAL FORM MUST BE COMPLETED TO WORK CAMP)**

Date: _____

Staffer's name: _____ Staffer's Date of Birth: _____

Staffer's address: _____

Guardian's name: _____ Telephone: (h) _____ (w) _____

If unable to contact above parent/guardian, please notify:

Name: _____ Telephone: _____

or

Name: _____ Telephone: _____

Are you exempt from immunizations because of religious or medical reasons? Yes No

The examination of _____ was within normal limits with the following exceptions:

Immunizations have been completed: Yes No

Date of most recent tetanus booster: _____

NON-UMBC staffers only: Attach complete immunization record.

Allergies: _____

Medications/Name/Dose/When taken: _____

Other Medical Concerns: _____

Limitations to Activity: _____

Primary Health Care Provider Information

Printed Name: _____ Signature: _____

Address: _____ Telephone: _____

Health Insurance Company: _____

Please return to: UMBC SUMMER DAY CAMP
Department of Athletics (RAC 321A)
Jeff Moore
1000 Hilltop Circle
Baltimore, MD 21250