



## TOM LEVETT BASKETBALL CAMP HEALTH AND INFORMATION FORM

Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_ Phone \_\_\_\_\_

### **EMERGENCY CONTACTS**

Parents Name \_\_\_\_\_ Parents Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Contacts and Relationship \_\_\_\_\_

Phone #'s \_\_\_\_\_

Other Contacts and Relationship \_\_\_\_\_

Phone #'s \_\_\_\_\_

### **INSURANCE INFORMATION**

Provider \_\_\_\_\_ Policy Holder \_\_\_\_\_

Policy # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone # \_\_\_\_\_

### **MEDICAL INFORMATION**

Medical History or limitations \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Last Tetanus \_\_\_\_\_

Last Physical \_\_\_\_\_

***MUST INCLUDE COPY OF ALL IMMUNIZATIONS WITH THIS FORM***