

**2022 VIKING BASEBALL CAMP**  
**SUMMER CAMP MEDICAL FORM**

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY OR TOWN:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**PARENT'S NAMES:** \_\_\_\_\_

**IN CASE OF EMERGENCY PHONE NUMBER:** \_\_\_\_\_

**ACCIDENT INSURANCE COMPANY:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**I hereby release Viking Baseball Camp and all its employees from all claims on account of any injuries which may be sustained while attending summer camp and I agree to indemnify Viking Baseball Camp and its employees for any claim which may hereafter be presented by myself, or as a result of any injuries. If necessary in the case of an emergency and I cannot be reached, I authorize all medical procedures performed for my child by a physician.**

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

SEX: M \_\_\_ F \_\_\_

LAST NAME      FIRST NAME      MIDDLE

**IMMUNIZATION REQUIRED**

PLEASE NOTE-The Immunization Data Below Is Required.

1. Tetanus/Diphtheria
2. Mumps \*Information may be provided by an attached form signed by a physician
3. Measles (Rubeola)
4. Rubella (German Measles)
5. Polio Vaccine
6. Hepatitis B Vaccine\_\_\_\_\_

**HEALTH HISTORY**

MEDICAL HISTORY: Please include all important information (recent injuries, heart conditions, diabetes, etc) so that we will be aware of any existing problems and can prepare for them accordingly.

\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL EXAMINATION: Form or note from physician indicating camper has had physical exam within last 2 years.**

**ALLERGIES: (Bee stings, penicillin, etc.)**

**MEDICATIONS**\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE: (By parent, guardian or physician):** \_\_\_\_\_