

Javelina Athletic Camps

Medical Clearance Form

Javelina Athletic Camps, Texas A&M University-Kingsville, 700 University Blvd., MSC 202, Kingsville, TX 78363

Athlete Information

Camper's Name: Last _____ First _____ M.I. _____

Primary Emergency Contact/Relationship _____

Phone: Home _____ Work _____ Mobile _____

Secondary Emergency Contact/Relationship _____

Phone: Home _____ Work _____ Mobile _____

Medical History

1. Date of Last Tetanus Shot: Month _____ Year _____
2. Allergies (Medicine, Food, Bee Sting, etc.) _____
3. Medical Conditions (Asthma, Diabetes, etc.) _____
4. Injury History (Recent Sprains, Fractures, etc.) _____
5. Medications Currently Taking: _____

Certification of Physical Fitness to Participate: To minimize the risk of injury, I agree to tell my son/daughter to obey all safety rules and to report any physical problems related to his/her physical condition to the Javelina Athletic Camp staff as soon as the problem occurs. By signing below, I certify the following: **A.** That my son/daughter is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation at camp; **B.** That my son/daughter is not currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation at camp; **C.** That my son/daughter has no history of fainting or problems related to strenuous exercise; and **D.** that my son/daughter is in good health and there is no reason he/she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature _____ Date _____