



# BRANHAM BASEBALL CAMP

1570 Branham Lane San Jose, CA 95118

[www.branhambaseball.com](http://www.branhambaseball.com)

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## MEDICAL HISTORY/CONSENT AND INSURANCE INFORMATION FORM

Camper Name: \_\_\_\_\_  
Last First

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Camp Date/Session (Circle): Session 1 June 14-18 Session 2 June 21-25

Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number/Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If unable to reach Parent/Guardian in an emergency, please notify:

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

### HEALTH HISTORY

| Has/Does the Participant                             |     |    | If "yes" please explain |
|--|-----|----|-------------------------|
| 1. Have a current injury/illness/infectious disease? | Yes | No |                         |
| 2. Have a chronic or recurring illness/condition?    | Yes | No |                         |
| 3. Ever been hospitalized?                           | Yes | No |                         |
| 4. Ever had seizures/convulsions?                    | Yes | No |                         |
| 5. Have diabetes?                                    | Yes | No |                         |
| 6. Have asthma?                                      | Yes | No |                         |
| 7. Have allergies?                                   | Yes | No |                         |
| 8. Had mononucleosis in the past 12 months?          | Yes | No |                         |

Medications Currently Being Taken: (include both over-the-counter and prescription medications).

- This participant takes NO medications on a routine basis.
- This participant takes medications as follows:

Med #1 \_\_\_\_\_ specific times taken \_\_\_\_\_

Reason for taking \_\_\_\_\_ dosage \_\_\_\_\_

Med #2 \_\_\_\_\_ specific times taken \_\_\_\_\_

Reason for taking \_\_\_\_\_ dosage \_\_\_\_\_  
Attach additional pages for more medications.

Please list any restrictions for this participant while at camp:

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

## **INSURANCE INFORMATION**

**All participants must have their own medical/accident insurance coverage and notify the camp of any changes or cancellations.**

Medical insurance company: \_\_\_\_\_ HMO \_\_\_ PPO \_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

Subscriber number: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_

Claims/Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

If HMO or PPO, who is your Primary Care Physician? \_\_\_\_\_

Primary Care Physician phone number: \_\_\_\_\_

### **Parent/Guardian Consent:**

This health history for \_\_\_\_\_ is correct to the best of my knowledge, and has permission to engage in all prescribed camp activities, except as indicated as “restrictions” previously stated on this document.

In the case of any emergency where I cannot be reached, I hereby grant permission to the Branham Baseball Camp Staff, assigned physicians and/or their consulting physician to render to my son or daughter any treatment, medical or surgical care that they deem reasonably necessary to ensure the health and well-being of my child named above.

I also hereby authorize the Branham Baseball Camp Staff to render to my child any preventative, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well-being of my child named above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date