### **MEDICAL CLEARANCE**

I hereby certify the named camper is physically able to participate in Auburn University Sports Camp and that I know of no physical impairments which would in any manner limit his/her participation in such program. *Physician's Signature\_\_\_\_\_\_Date\_\_\_\_\_* 

### OR

# Provide any physical accompanied with a physician's signature dated within 12 months of camp with registration or at check-in (State HS physical, etc)

#### **MEDICAL & INSURANCE INFORMATION**

Hospitalization Plan: Claim No		Company
City	_State	Zip Code

## \*FRONT AND BACK COPY OF INSURANCE CARD SHOULD BE INCLUDED AT TIME OF CHECK-IN\*

Phone

Medical History (if pertinent):				
Allergies, present medica	ation, special considerations:			
Parent/Guardian				
Address	City	StateZip Code		
	EMERGENCY MEDICAL IN	FORMATION		
NAME	()PHONE	()CELL		
NAME	() PHONE	()CELL		