

MICKEY DEAN CAMPS MEDICAL PAPERWORK REQUIREMENTS

1. MEDICAL/CONTACT INFORMATION

Medical History (if pertinent):

Allergies, present medication, special considerations:

Parent/Guardian _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

2. INSURANCE INFORMATION

Hospitalization Plan: Claim No. _____ Company: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

***ALSO REQUIRED PRIOR TO PARTICIPATION:** Front and back copy of insurance card

3. MEDICAL CLEARANCE WITH PHYSICIAN SIGNATURE

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.). **Physician's signature on the physical paperwork or on this form required before participation at camp.**

OR

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: _____

- Please return this completed form (softcmp@auburn.edu), along with copies of the front and back of the insurance card.
- This form only needs to be sign by a physician if a physical is not provided.
- Sections 1 and 2 of this form are required regardless of physical paperwork.