

Medical Clearance Form for Sports Camp Attendees

Participant Information

Full Name

Date of Birth

Age

Address

Phone Number

Medical History

Please list any chronic illnesses, medical conditions, allergies, or previous injuries:

Current medications (if any):

Physical Examination

Height

Weight

Blood Pressure

Pulse

Physician Comments/Findings:

Clearance

☐ Cleared for full participation in sports camp activities ☐ Not cleared for participation

If restricted, please specify limitations:

Physician Information

Physician Name

Phone Number

License Number

Signatures

Physician Signature

Date

Parent/Guardian Signature (if under 18)

Date