



## Big City Basketball Camp Camper Medical Information Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First MI

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list ANY medical conditions.

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Please list ANY medications your camper is currently taking.

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Please list ANY allergies.

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Parent/Guardian completing form

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

\_\_\_\_\_

Date