Coast Sports
463 24th Street
Santa Monica, CA 90402

Doctor's Health Form
Summer 2019

Mom and Dad:

All questions must be answered COMPLETELY by your child's physician prior to the start of camp. CHILDREN WILL NOT BE PERMITTED TO ATTEND CAMP IF THIS FORM IS NOT ON FILE IN THE CAMP OFFICE PRIOR TO THE CHILD'S START DATE. Please mail to 463 24th St, SM, 90402 or fax to (310) 881-1203. Thanks.

CHILD'S NAME			SEX	BIRTHDATE
Date of Last Examination	Immunization Date: DPT/TD	Immunization Date: POLIO	Immunization Date: MMR	Date of Last Tetanus Shot

IF you answer YES to any question below, please explain.

	YES	NO
Is there any reason why this child would not be physically able to participate in a full day of vigorous camp activity with groups of children?		
Does this child have any physical or emotional limitations that we should be aware of?		
Does this child have any special problems or physical limitations that we should be aware of?		
Is this child under your care for any medical conditions?		
Has this child had any operations or serious problems? If so, please describe and provide the dates when these occurred.		
Is this child presently taking medication and/or receiving treatment? If so, please list dosages if medication is to be administered at camp.		
Does this child have any history of loss of consciousness, convulsions, concussions, epilepsy or diabetes?		
Does this child have any allergies?		
Has this child ever required psychiatric counseling/hospitalization?		
Is there any additional health information you feel we should be aware of:		

Physician's Signature	**Date**
Physician's Name	
Physician's Address	**Physician's Phone**