

MEDICAL INFORMATION
For Northern Built Hockey Camps
(a doctor's physical is NOT necessary to complete this form.)

Each camper must be immunized against the following:
Polio, measles, rubella, diphtheria, whooping cough, tetanus. Please circle "yes" or "no."

YES NO

Date of last tetanus shot: _____/_____/_____

Regular Medications Taken	Reasons for Taking

Circle any allergies that the camper has:

Bee stings Penicillin Gluten Other

If other, please list: _____

Type of reaction: _____

Treatment given: _____

List any specific activities to be restricted or any physical or mental limitations we should be aware of:
