

Wahoo Rowing Camp Sports Medicine Information Sheet

Please provide the following medical information for your child:

1. Primary emergency contact

Name _____

Relationship _____

Phone Number _____

2. Secondary emergency contact

Name _____

Relationship _____

Phone Number _____

3. Allergies (medication, food, bee sting, poison ivy, etc.)

Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

4. Injury history (eg. recent sprains, fractures):

5. Medical conditions (eg. asthma, diabetes, cardiac disorders, seizure disorders)

6. Medications currently taking

7. Date of last tetanus shot (month/year) _____