

STEVE COBURN FOOTBALL CAMPS

MEDICAL HISTORY (TO BE COMPLETED BY PARENTS/GUARDIANS)

Name of Camper _____

School _____

Camp Attending (circle one)

Walk-On Tryout Individual Camp Seven on Seven Team Camp

- A. Birth deformities (one kidney, etc.)
- B. Medical Conditions currently under treatment
- C. Pre-Existing injury currently under treatment
- D. Fractures or other disability type injuries
- E. Allergy (drugs, food, asthma, etc.)
- F. Mental disorder
- G. Known past illness of more than one weeks duration
- H. Contact Lens or Glasses
- I. Other condition not listed above

YES	NO

Please explain any questions answered "YES"

I hereby state the "Steve Coburn Football Camp" is not responsible for any pre-existing injury or illness of the above camper.

Parent/Guardian Name (Please Print)

Parent/Guardian Name (Please Sign)

Date