

**Westlake Sports Camp
Medical Form**

Child's Name _____ Sex _____ Age _____

Are required immunizations up to date? yes _____ no _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Business _____

Doctor Name _____ Phone _____

Insurance Carrier _____ Policy # _____

Please list all significant injuries or ailments within the past 5 years:

Please list all medication that your child is currently taking:

Please list all allergies:

Please give any medical information which might affect your child's ability to participate in sports camp:

Please list any emotional issues that camp directors should be aware of:

Signature _____ Date _____

Please return completed medical form before your child's first day of camp.

Westlake Sports Camp
PO Box 7175
Thousand Oaks, CA 91359
FAX (818) 991-0248