



DEVELOPING YOUTH  
THROUGH RUGBY

Play Rugby USA - Medical Form

**This form MUST be returned two weeks before camp (failure to do so will delay check-in or cancel participation).**

**Participation is prohibited without this form on file!**

Camp location: \_\_\_\_\_ Camp dates: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Gender (circle) boy / girl age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Ph : (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Ph: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Group No. \_\_\_\_\_ Policy/I.D.No: \_\_\_\_\_

Alt. Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Medical Information

Medications: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_  
\_\_\_\_\_

Medical conditions, even if controlled (i.e. diabetes, hypertension, seizures, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of most recent immunizations:

Tetnus, \_\_\_\_\_ Measles, \_\_\_\_\_ Mumps, \_\_\_\_\_

Rubella, \_\_\_\_\_ Diphtheria, \_\_\_\_\_ Polio Myelitis \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Contact Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

