

Rugby Camp Medical Information Sheet

Participant Name _____ preferred 1st name _____

Primary emergency contact (Name, relationship, phone number and alt. phone number, email)

Name _____

Relationship _____

Phone Number/Alternate Ph# _____

Email address _____

Insurance Carrier _____ Policy # _____

Group Name _____

Physician's Name _____ Physician's Phone _____

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

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

Recent injury history (e.g. recent sprains, fractures, prior concussion):

Medical conditions (e.g. asthma, diabetes, cardiac disorders, seizure disorders)

Medications currently taking: (for camp nurse/athletic trainer review)

Date of last Covid-19 vaccination _____

Date of last tetanus shot (month/year) _____

INSURANCE CARD (be sure to upload or scan/email, or mail copies of front & back of your medical insurance card)

Please use the Document Upload link on our website.

If you can't access it, please email copies to polarbearrugbycamp@gmail.com with *Camper Name & Medical Form* in the subject line. Thank you!

Or mail to Polar Bear Rugby Camp, Attn: James Read, Bowdoin College, 9000 College Station, Brunswick, ME 04011