



Chang's Martial Arts Camp Medical Information Sheet

The following information must be filled in by the responsible party/buyer in order to complete enrollment with Chang's Martial Arts Spring Break or Summer Camp. The intent of this information is to provide Chang's Martial Arts staff the background to communicate health history in the event of an emergency. Chang's Martial Arts recommend that each member visit a physician and undergo a physical prior to ensure good health. If the responsible party/buyer is not confident in his or her answer to the questions below, then he or she should consult with a physician before the participant engages in new physical activity.

Insurance Provider: _____ **Policy #:** _____

Participant Name: _____ **D.O.B:** _____

List known allergies and Reactions (check none if none): None

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Medications Being Taken (check none if none): None

Please include all medication (including over the counter or non prescription drugs) taken routinely. If Chang's Martial Arts must administer medication, you must complete a Medication Authorization Form when you provide the medication.

Med 1: _____ Med 2: _____

Med 3: _____ Med 4: _____

Restrictions (write none if none): None

Please list any restrictions to activity, diet, or other: _____

Other Information (write none if none): None

Please describe any behavioral, physical, emotional, or mental health issues that Chang's Martial Arts should be aware of: _____