

Davis Mountains Fitness & Training Camp
PO Box 13311 Austin TX 78711
August 5-11, 2018

Medical Information

Name: _____ Date of Birth: _____

Current Medical Issues: _____

Other Health Concerns/Risks: _____

Current Prescribed and Other Medications/Supplements: _____

Allergies _____

Medications: _____

Plants: _____

Foods: _____

Past/Current/Surgical Treatments: _____

Primary Doctor _____

Name: _____

Telephone Number: _____

City, State: _____

Medical/Health/Health Risk Topics of Interest to You (for possible camp discussions): _____

Dietary Restrictions: _____

Vegetarian _____ Vegan _____ Gluten-free _____ Other _____

OFFICE USE ONLY:

Heat Stroke/Lightening Policy Signature: _____