

Davis Mountains Fitness & Training Camp
PO Box 13311 Austin TX 78711
August 4 – 10, 2019

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: _____