

**Davis Mountains Fitness & Training Camp**  
**August 4 – 10, 2024**

*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:* \_\_\_\_\_