

**Davis Mountains Fitness & Training Camp**  
**September 7 – 13, 2025**

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