

**CAMP NORTHSTAR
CIT PROFILE**

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

EMERGENCY INFORMATION:

(Please list 2 different emergency contacts)

Name: _____ Phone: _____

Name: _____ Phone: _____

INSURANCE INFORMATION:

Medicaid / Medicare _____ Policy No. _____

Insurance Co. Name _____ Policy No. _____

MEDICAL INFORMATION:

Physician Name: _____ Phone: _____

Seizures: _____ YES _____ NO Comments: _____

ALLERGIES:

Food _____ YES _____ NO

Medication _____ YES _____ NO

Environmental: _____ YES _____ NO

If yes, please give details: _____

MEDICATION:

Does the athlete take medication? _____ YES _____ NO

Reason for medication: _____

Special Dietary Needs: _____ YES _____ NO

If yes, please explain: _____
