



## Doctor's Statement of Health

I have examined \_\_\_\_\_ and found them to be healthy and able to compete in basketball and general recreational activities (of their choosing) during the Take It To The Rim Basketball Camp.

List any allergies or medications:

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

A copy of a WIAA physical card for the current athletic year may be sent in lieu of the doctor's statement. Please still note above any allergies or medications, or any other important medical information.

All campers must have their own medical insurance. Please notify us of any medical needs you may have while at camp.

**Name of Insurance Company** \_\_\_\_\_

**Policy#** \_\_\_\_\_

If you have any questions please contact Forrest Larson at 262-348-0433 or [forrest.larson@badger.k12.wi.us](mailto:forrest.larson@badger.k12.wi.us)