

2009 Cross Country Camp Health Statement



Camper's Name *(please print)* _____

Date of Birth _____ Age _____

Home address _____

City _____ State _____ Zip _____

Name of camper *(print)* _____ has been examined and his/her health history and immunization records have been reviewed. There are no apparent physical or emotional conditions that would contraindicate participation in soccer camp activities. He/she is free of any contagious conditions at this time.

Date of most recent Tetanus Toxoid Immunization _____

Allergies (food, drugs, asthma, others) _____ No _____ Yes _____ If yes, please explain _____

Current medications _____ No _____ Yes _____

If you have any *specific medical instructions* for our staff, please indicate:

Describe any *current* injuries (i.e., ankle, knee, wrist, shoulder)

Health care provider name _____

Signature _____ Date _____

Address _____

City/State/Zip _____

► In case of emergency

Name of father _____

Home phone _____ Work _____ Cell _____

Home address _____

Name of mother _____

Home phone _____ Work _____ Cell _____

Home address _____

Other emergency contact *(print name and number)* _____

Your insurance company _____

Name of policyholder _____ **Policy #** _____

(Please complete the other side.)

► **Release Form**

In the event of an emergency requiring medical attention, I hereby grant permission to the athletic training staff, a physician, or to hospital personnel designated by the camp staff to attend to:

Name of camper_____

I expect every effort will be made to contact me in order to receive my specific authorization prior to any hospitalization.

Signed_____ Date_____

Emergency phone_____

Pediatrician/physician_____ Phone_____