

Championship Soccer Camp Medical Form

Camper Information:

First Name:

Last Name:

Gender:

Age as of camp date:

DOB in mm/dd/yy:

Parent Information:

First Name:

Last Name:

Contact Phone Number:

Email Address:

Street Address:

City:

State:

Zip Code:

Date of Exam: _____ Height ____ Weight____

Identify any known medical or emotional illness or disorder that would currently pose a risk to others or which would currently affect the individual's functional ability to participate safely:

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription medication? Yes No

If yes, indicate prescription: _____

Does the individual have allergies? Yes No

If yes, explain: _____

Is the individual on a special diet? Yes No

If yes, explain: _____

IMMUNIZATION RECORD: (month, day, year for each dose)

	Date 1st dose	Date 2nd dose	Date 3rd dose	Date 4th dose	Date 5th dose	Date
DTP/DtaP/DT	_____	_____	_____	_____	_____	MMR (1st dose)_____
OPV/1PV	_____	_____	_____	_____	_____	Measels (2nd dose)_____
Hib (Haemophilus Influenza Type B)	_____	_____	_____	_____	_____	Varicella (Chicken Pox) (Recommended)_____
Hepatitis B	_____	_____	_____	_____	_____	Other (Specify)_____

Are there medical contraindications to immunization? Yes No
 If yes, specify the vaccine(s) and indicate the contraindications specified in the vaccine manufacturers' package insert that applies.

Does this individual have laboratory confirmed proof of immunity to natural infection? Yes No

If yes, please explain and attach laboratory report: _____

Is this individual current or in progress with immunizations according to the sch_edule adopted by the Commissioner of Public Health? Yes No

Next appointment for Immunizations is scheduled for: _____

Special Attention:

Mononucleosis within two months of camp activity is a contraindication to participation in the program.

The above named person is in satisfactory condition and may engage in all camp activities except as noted.

_____ Date _____
 Signature of MD, APRN or PA

Campers may not be permitted to participate in camp activities without a medical form signed by both parent/guardian and physician. In addition, campers may be refused medical treatment at local medical care facilities if medical form is not complete, insurance information is not provided and parent/guardian permission has not been granted. Please give these important details your utmost attention.

This form will not be accepted unless the following medical/accident insurance information is completed:

Family Insurance Company and Policy #:

Emergency Contact: _____ relationship: _____ phone #: _____

My son/daughter _____ has my permission to participate in all camp activities.

Parent Signature _____ Date _____