

# Youth Camp Health Exam Record/Waiver- 2008

Everson Soccer Academy, 75 Redwood Drive #1306, East Haven, CT 06513 Phone: 203-469-3520

[www.eversonsoccer.com](http://www.eversonsoccer.com) email: [eversonsoccer@yahoo.com](mailto:eversonsoccer@yahoo.com)

Must be completed and mailed before the first day of camp.

**Camp Program and Dates Attending:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is this individual taking prescription medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate prescription: \_\_\_\_\_

Does this individual have allergies? \_\_\_\_\_ if yes, explain: \_\_\_\_\_

**\*\*To be completed by physician or have a recent physical form attached\*\***

**IMMUNIZATIONS REQUIRED BY THE DEPT OF PUBLIC HEALTH.** Attach record or complete month/year of each dose.

Hepatitis B (3, DOB after 1/92) \_\_\_\_\_ Measles, Mumps, Rubella (2) \_\_\_\_\_

Polio (3-4) \_\_\_\_\_ Tuberculin Tests \_\_\_\_\_

Diphtheria, Tetanus, Pertussis (4) \_\_\_\_\_

*I hereby state that this person is in apparent good health and is physically able to participate in strenuous activities.*

**Date of Exam** \_\_\_\_\_

**Physicians Signature** \_\_\_\_\_ **Date of signature** \_\_\_\_\_

**Printed name or stamp** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## Attention Parent/Guardian:

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.

## Medical/Accident Insurance:

Medical/Accident Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

## Parent Guardian Authorization:

To the best of my knowledge, this health history is correct. The individual described has my full permission to engage in all camp activities except as noted above. I hereby give my full permission to the physician or emergency medical personnel selected by the camp director or camp medical officer to order x-rays, tests and treatment for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or emergency medical personnel selected by the camp director or camp medical officer to hospitalize and secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child. I agree that any photographs, video or any other record of this event may be used for publicity, advertising or any other legitimate purpose.

**Parent Guardian Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_