



NORTHWESTERN BOYS SOCCER CAMPS



“CHICAGO’S BIG TEN SOCCER CAMP”

NORTHWESTERN BOYS SOCCER ACADEMY MEDICAL FORM

Camper’s Name: _____ Date of Birth: _____

Home Address: _____ Phone Number: _____

If the parents/guardians cannot be reached, who should be contacted?

Contact Person: _____

Relationship: _____ Phone #: _____

Medical Information:

DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

	<u>NO</u>	<u>YES</u>	<u>Specific Information</u>
Heart Murmurs	_____	_____	_____
Irregular Pulse	_____	_____	_____
Dizziness/Fainting	_____	_____	_____
Nose Bleeds	_____	_____	_____
Diabetes	_____	_____	_____
Epilepsy	_____	_____	_____
Neurological	_____	_____	_____
Headaches	_____	_____	_____
Asthma	_____	_____	_____
Inhalers (types)	_____	_____	_____
Heat Exhaustion	_____	_____	_____
Heat Stroke	_____	_____	_____
Heat Cramps	_____	_____	_____
Fractures	_____	_____	_____
Muscle Injuries	_____	_____	_____
Chicken Pox	_____	_____	_____
Allergies	_____	_____	_____

Rx Medications (medication, dosage, indications, physician’s name):

Have you ever sustained a head or spinal injury? Have you ever lost consciousness? If yes, please explain injury and cause of injury _____

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Do you have any other medical problems that could interfere with full participation in physical activities? If yes please explain

Physical Information

Vaccinations (please give dates of administration)

T/Booster_____ Measles_____ Mumps_____ Rubella_____

I certify that I have reviewed the medical history and status of the above person, and certify that he has no medical problems that restrict him from participation in vigorous physical activity while at Northwestern Boys Soccer Camp.

Physician's Name:_____ Telephone #:_____

Physicians Signature_____ Date: _____

* If you cannot get a physician's signature, a recent physical can take its place

Insurance Information: (Please enclose a copy of your insurance card)

Policy Holder_____ SS#_____

Policy Holder DOB_____ Relation to Child_____

Name of group employer_____

Insurance Company_____

Claim Office Address_____

Claim Office Telephone # _____

Policy # _____ Insurance ID # _____

Group # _____

Policy Holder Signature_____ Date:_____

I hereby authorize the directors and medical staff of Northwestern Boys Soccer Camp to act for me according to their best judgment in any emergency requiring medical attention. I understand that first aid procedures will be rendered by the medical staff, and campers will be transported to Evanston Hospital if necessary. I hereby waive and release Northwestern Boys Soccer Camp and staff for liabilities relation to injury, illness, or expenses incurred. I know of no mental or physical problems which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charges in connection with his attendance at camp. I have read the rules and regulations of camp and both camper and I agree to abide by them.

Parent/Guardian_____

Parent/Guardian Signature_____ Date_____