



NORTHWESTERN BOYS SOCCER CAMP

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 #: _____

Physician's Signature _____ Date: _____

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 the 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 _____



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MEDICAL FORM

Camper's Name: _____
Home Address: _____

Date of Birth: _____
Phone: _____

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	_____	_____	_____
Sprains	_____	_____	_____
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

