

Elite Girl's Soccer Academy

HEALTH CARE INFORMATION FORM

Name: _____ Date of Birth: _____
(last name) (first name)

SS# _____ Home Telephone: (_____) _____

Address: _____ () Male () Female

City _____ State: _____ Zip Code: _____

PARTICIPANT'S HEALTH HISTORY

1. Are you allergic to any medications, foods, or other substances? () no () yes
If yes, please list them and *describe the type of reaction*:

2. Do you take any medications regularly or on an emergency basis? () no () yes
Why and what kind?

3. Date of last tetanus Immunization: _____
4. Do you wear contact lenses? () no () yes
5. Has your physical activity ever been restricted for health reasons? () no () yes
If yes, please explain:

6. Do you have any chronic health problems? () no () yes
If yes, please explain:

7. Are you under a health practitioner's care for any reason? () no () yes
If yes, please explain:

8. During the past year, have you been treated for any psychological or emotional illness? () no () yes
If yes, please explain:

9. Do you have any limitations/restrictions to participate in any activity?

10. Please add anything else about your health that may be helpful.

MEDICAL CLEARANCE FOR CAMP/PROGRAM PARTICIPATION

In my medical opinion, _____ is good general health and is able to
(participant's name)

participate in _____ without limitation() OR with the
(name of camp/program)

following limitations/restrictions: _____

Health Care Provider (please print): _____

Signature: X _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Telephone: (_____) _____

PARENTAL NOTIFICATION AND PERMISSION FOR TREATMENT

Parents will be notified in the event of serious illness or injury and may be required to take their child home for medical treatment. First aid for minor injuries will be provided by the camp/program health official. More serious health problems may be evaluated by the health care practitioners at The College of New Jersey's Health Services. Anyone requiring immediate medical attention will be taken to a local emergency department.

The law requires that parental permission be obtained before providing medical assistance to minors, unless the condition is life threatening. Advance written permission from parents/legal guardians helps to avoid delays in securing medical assistance, especially in urgent circumstances. Therefore, the permission statements below must be signed before a minor can be enrolled in a camp or activity at The College of New Jersey.

- A. I give permission for such medical or nursing care as may be deemed necessary for my son/daughter _____ by the Health Services' staff or whomever the Camp/Program may designate. I authorize transportation of my son/daughter to an emergency medical facility for evaluation and/or treatment at my expense.

- B. In case of illness or other emergency, I agree to remove my son/daughter from The College of New Jersey immediately upon notification by Camp/Program officials or Health Services' staff.

C. I WILL PROVIDE the following non- prescription medications, AND/OR I GIVE PERMISSION for my son/daughter to be given these medications, according to label specifications, at the discretion of the Camp/Program of Health Services' staff:

- () Cough medicine (Robitussin, etc.) () Acetaminophen (Tylenol, etc.)
() Ibuprofen (Advil, etc.) () Antihistamine (Benadryl, etc.)
() Decongestant (Sudafed, etc.) () Antacid (Tums, Maalox, etc.)
() Others (specify): _____
() DO NOT give ANY non-prescription medications.

D. The following person(s) is authorized to act on my behalf in all matters included in statements A, B, C, above in case I am not available to be consulted in a timely manner. (Be sure to designate someone in whom you have confidence, who will be readily available to act in your absence.)

Name (print): _____
Street & No.: _____ Apt. _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____

In addition, the participant and their parent or legal guardian, for and in consideration of the _____ accepting the participant, hereby
(Name of Camp)
accepting the participant, hereby agrees to save and indemnify and keep harmless the _____, its agents and sponsors, against any and all liability
(Name of Camp)
claims, judgment or demand for damages arising as a result of injuries sustained by the participant traveling to and from The College of New Jersey and during his/her stay at The College and on College grounds while taking instruction.

Parent/Legal Guardian Signature: _____

Print Name: _____

Date: _____ Relationship to camper/program participant: _____

Home phone: () _____ Work phone: _____

I, _____ understand that I am required to attend all sessions,
(Participant)
and I must comply to the Camp/Program rules. Failure to do so may result in dismissal from the Camp.

Participant's Signature: _____ Date: _____