



2390 Horse Hollow Rd.
 Jonesville, VA 24263
 276-346-1013
 www.cmmbc.org

Soccer Camp Medical Form

Camper Name: _____

<input type="checkbox"/> Soccer Camp I (grades 6-12)	<input type="checkbox"/> Soccer Camp II (grades 3-5)	<input type="checkbox"/> Soccer Camp III (grades K-2)
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Health Insurance/Doctor Information

Insurance Company: _____ Policy /Group # _____

Child's Doctor's Name: _____ Doctor's Phone: (____) _____

Health History

If the answer to any of these questions is "yes," please check the box in front of condition and provide additional information as appropriate below.

- diabetes seizures allergies allergy shots
(desensitization) glasses contact lenses

List food allergies or sensitivities: _____

Other significant information or medications provided to camp nurse: _____

Last Tetanus Booster: _____ (year)

Please check the boxes for any over-the-counter medicines that can be dispensed to this camper, as deemed necessary by the camp nurse:

<i>For Fever/Pain</i>	<i>For Cold/Allergies</i>	<i>For Stomach</i>	<i>For Topical Treatment</i>
<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Diphenhydramine (Benadryl) <input type="checkbox"/> Pseudoephedrine Hydrochloride (Sudafed) <input type="checkbox"/> Loratadine (Claritin) <input type="checkbox"/> Fexofenadine (Allegra)	<input type="checkbox"/> Calcium Antacid Tablets (i.e. Tums) <input type="checkbox"/> Bismuth subsalicylate (Pepto Bismol) <input type="checkbox"/> Loperamide (Immodium)	<input type="checkbox"/> Antibiotic Ointment <input type="checkbox"/> Burn Ointment <input type="checkbox"/> Calamine Lotion <input type="checkbox"/> Hydrocortisone cream <input type="checkbox"/> Sting Eze for insect bites <input type="checkbox"/> Chloraseptic spray <input type="checkbox"/> Cough drops

Parent/Legal Guardian Authorization - SIGNATURE REQUIRED

My signature below indicates that the above named camper has permission to engage in all camp activities under the supervision of CMMBC staff and Lee County Soccer Association. I give permission for the staff to:

- (1) provide routine health care (including medication) for the above named camper. I understand all medications, including over-the-counter, must be kept by the nurse. If deemed necessary, I authorize them to obtain services of medical professionals and to provide necessary related transportation. I authorize any physician and any hospital, through its medical staff, to take appropriate measures. I understand that I am responsible to pay for my child's medical care, including any emergency care authorized in this section. I agree to the release of these records for insurance purposes and/or as requested by a physician for the care of my minor child. The camp will make reasonable efforts to notify parents promptly if measures other than routine care are taken.
- (2) photograph and record this child and to use his/her images and sound prints in promotional materials for CMMBC.
- (3) use of a photocopy of this form as my authorization

Signature of Parent/Guardian _____ Date _____