Required for Summer Day Camp ONLY

Please mail completed forms to:
Eastern Men's Soccer Camps
83 Windham Street
Willimantic, CT 06226

ECSU Youth Soccer Camp 2013
Presented by Eastern Men's Soccer

YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 Years From Date of Last Examination

☐ Camper
☐ Staff

Please Return Completed Form to the Camp

Name_____ Date of Birth_____ Phone_____

Guardian_____ Address_____

Emergency Contact_____ Telephone_____

Date of Arrival at Camp: _____ Departure Date:_____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

_____ May participate in all camp activities

_____ May participate except for: _____

_____

Medical information pertinent to routine care and emergencies:_____

_____

Is this individual taking prescription or over the counter medication(s)? ☐ YES ☐ NO If yes, indicate names of medication(s):_____

Does the individual have allergies? ☐ YES ☐ NO Explain: _____

Is the individual on a special diet? ☐ YES ☐ NO Explain: _____

Does the individual have special needs? ☐ YES ☐ NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

_____

_____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town_____ ST_____ Zip Code_____

_____
Signature of Physician, PA, APRN or RN

_____
Date Form Signed

_____
Telephone Number

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Health Information and Emergency Contact Form

Name of Camper _____

In case of emergency notify:

1st

Name _____ Relationship _____

Address _____

Street City State Zip

Telephone 1 _____ Telephone 2 _____

2nd

Name _____ Relationship _____

Address _____

Street City State Zip

Telephone 1 _____ Telephone 2 _____

CONSENT FOR MINOR

I give my permission for medical treatment for my daughter/son, _____, if accident or illness should occur while she/he is a camper at the ECSU Youth Soccer Camp. This would include referral to a local hospital, which may result in her/his hospitalization, anesthesia and surgery should it be necessary and I am unable to be reached.

Please list any medical concerns we should be aware of (health problems, allergies, asthma, medical alert tags, prescription medications etc.)

_____

_____

_____

_____

_____ _____ _____

Parent/Guardian Signature Relationship Date

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Name of Camper _____

Medical Insurance Coverage

Eastern Connecticut State University carries limited accident insurance for all participants. For insurance records, answers to the following questions should be supplied in detail.

1. Is the camper covered by hospitalization and medical care policy? Yes / No
2. If yes, indicate the name of the insurance company. _____
3. Indicate the policy or certificate number. _____
4. Address of the insurance company _____

Consent is hereby given for the camper to attend the ECSU Youth Soccer Camp and permission is given for any emergency operations and/or anesthesia/inoculation that might become needed in my absence.

_____	_____	_____
Parent/Guardian Signature	Relationship	Date

NOTE: If your child requires any type of medication such as those for asthma, bee stings etc. that a certified camp staff would need to administer, please complete the separate authorization form on our website.