TOD SILEGY SOCCER CAMP

at Chesterfield Elementary School — July 18-22, 2011

Sports Camp Medical Questionnaire

_____ _____ _____ Sex ❑ M ❑ F

Last Name First Name Age

_____ _____ _____

Street Address City State & Zip

Father/Guardian _____ Tel #_____ Cell #_____

E-mail _____

Mother/Guardian _____ Tel #_____ Cell #_____

E-mail _____

List two emergency contacts if neither of your parents/guardians can be reached:

1: _____ Home # _____ Work # _____ Cell #_____

2: _____ Home # _____ Work # _____ Cell #_____

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Current Medical Problems: _____

Current Medications (name, dosage, how often): _____

_____

Allergies (to what, what is reaction and treatment?): _____

_____

Insurance company: _____ Policy #:_____

Policy Holder: _____ Group #:_____

Note: *The camp director will need permission to dispense over-the-counter medications containing active ingredients such as ibuprofen, acetominophen, etc. for general aches and pains. The camp director will not give any medications the parents/guardians have not given permission for.*

Please circle any over-the-counter medications that your son/daughter may receive:

ibuprofen tablets (i.e. Advil 200 mg; 1 or 2)
acetaminophen (i.e. Tylenol, regular or extra strength, 1 or 2)

Signature: _____ Date: _____

All medical information will be kept strictly confidential between the medical staff and camp director. Only information necessary for the proper care of any camper will be discussed with other staff members employed at the camp.

For the safety and medical care of your camper, it is important that all of the above information be provided in its entirety.