

# TOD SILEGY INDOOR SOCCER CAMP

at the Barbara C. Harris Center, Greenfield, NH 03047

Feb 18-19-20, 2011



## Sports Camp Medical Questionnaire

\_\_\_\_\_  
Last Name First Name Age Sex  M  F

\_\_\_\_\_  
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, acetaminophen, 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.**