



TOD SILEGY SOCCER CAMP
 At Barbara C. Harris Center – February 19-21, 2010
Sports Camp Medical Questionnaire



_____ Sex M F
 Last Name First Name

_____ City State & Zip
 Street Address

Father/Guardian _____ Work Phone _____

Mother/Guardian _____ Work Phone _____

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

1: _____ Home Phone: _____ Work Phone: _____

2: _____ Home Phone: _____ Work Phone: _____

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.

Mail to: Tod Silegy 14 Nelson Street, Keene, N.H. 03431