



Required Camp Health Form Instructions and Additional Camp Details

Thank you for registering for Collegiate Soccer Academy (CSA). In order to participate in camp, **a completed Camp Health Form must be postmarked within 2 weeks of online registration** and include all items listed in the Checklist below. Please schedule your camp physical today if your camper has not had a physical exam within 24 months of camp.

You may complete the form on your computer (please note changes cannot be saved), but it must be printed, signed and mailed within 2 weeks of registration. Keep a copy of the form for your files. Please mail the Camp Health Form to the following address:

Collegiate Soccer Academy, 3 Mason Drive, North Grafton, MA 01536

Camp Health Form Checklist:

Complete the Camp Health Form and postmark **within 2 weeks of online registration**. Please note the following:

- Parent/Guardian must **fully** complete Page 1 & 2
- Parent/Guardian must **Sign** at the bottom of Page 2.
- Attach a copy of your camper's physical exam and immunization records, which must meet the following:
 - The physical exam form must include the camper's name, date of the physical exam, and a signature by a licensed profession (electronic signatures are accepted).
 - The camper's physical exam must be dated within 24 months of camp.
 - The physical exam form must include clearance to participate in physical activities (e.g. camp, sports).
 - The camper's immunizations must meet the requirements of the Massachusetts Dept. of Public Health. Immunizations records must show dates of administration. See Page 3 for a list of required immunizations.

If you do not have a form from the camper's healthcare provider, you may use the provided Health Care Record (Page 3). This form must be signed by a medical professional, document a recent exam within 24 months of camp, provide clearance to play sports and list dates of administration for required immunizations.

Additional Camp Details:

- For campers requiring Shuttle Service to/from Boston Logan Airport, a completed Airport Shuttle Form (found on the website) must be received at least 10 days in advance of camp. Refer to this form prior to booking air travel.
- If you paid a deposit for camp, final payment of \$400 is due June 1st. Checks in the amount of \$400 should be made payable to "CSA" and mailed to the address above. Please note the name of the camper on the check.
- A packing list is available on the website at www.collegiatesocceracademy.com/packing-list/. Please remember to pack linens (sheets, towels) and a pillow.
- Check-in Details are found on the website at www.collegiatesocceracademy.com/check-in-details/.
- A refundable check made payable to "CSA" in the amount of \$100 is due at check-in. This serves as a security deposit for Lasell College. We cannot accept credit cards. This check will not be cashed provided the camper returns the dormitory key (\$50), access card (\$50), issued equipment, and does not damage the dormitory. Within 7 days of the end of camp, checks will be shredded or if you prefer to have it returned, please provide a self-addressed envelope.
- Player profile information is entered during online registration. If you have any changes to your player profile information, please email us and we will update the information.
- Roommate requests are entered during online registration. If you would like to add a request or modify one, please email us. Roommate requests must be received at least 2 weeks prior to camp.

For questions or concerns:

Please email contact@csaelite.com. You may also call (774) 293-1276.



Camp Health Form

Page 1: Contact Information & Health History

Instructions: A parent/guardian must complete this form for the camper. Attach any additional needed information, including a copy of the camper's immunization and physical exam records. Keep a copy of the completed form for your records. If your camper has any special conditions, needs, or limitations, you must speak with the Camp Director before being accepted into the camp program. Non-disclosure may result in dismissal from the program without refund.

Camper Information:

Name: _____
Last First Middle Nickname (if applicable)

Birth Date: _____ Grade entering in fall: _____ Sex: Female Male
Month/Day/Year

Camper home address: _____
Street Address City, State Zip Code Country

Local or summer address during camp, if different: _____
Street Address City, State Zip Code Country

<u>Custodial Parent/Guardian</u>	<u>Second Parent/Guardian</u>	<u>Additional Emergency Contact</u> <i>(Required! Someone who knows the camper well, and can assist in reaching the guardian)</i>
Name: _____	Name: _____	Name: _____
Relationship to camper: _____	Relationship to camper: _____	Relationship to camper: _____
Day Phone: _____	Day Phone: _____	Relationship to camper: _____
Evening Phone: _____	Evening Phone: _____	Cell Phone: _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____	Alternative Phone: _____
Address, if different: _____	Address, if different: _____	Address, if different: _____
_____	_____	_____

Medical Insurance: You must provide health insurance information below. Campers must be covered during camp.

Insurance Carrier/Plan Name: _____ Policy Number: _____
Subscriber Name: _____ Relationship to camper: _____

Allergies: No known allergies
 This camper is allergic to: Food Medicine environment (hay fever, insects, etc.) Other
Describe the allergy and the reaction seen:

This camper carries an EpiPen. Please add EpiPen to Medication Section on next page.

Diet and Nutrition: This camper eats a regular diet. This camper has special food needs. Describe below.

For Office Use:	<input type="checkbox"/> All Forms In	<input type="checkbox"/> Health Form (1-2)	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Allergies:	<input type="checkbox"/> Conditions/Restrictions:	<input type="checkbox"/> Medications:
Date: _____	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Med. Insurance	<input type="checkbox"/> Within 24 months	<input type="checkbox"/> Signature	<input type="checkbox"/> Signature	<input type="checkbox"/> Signature
Called/Email	Date: _____	<input type="checkbox"/> Signature	<input type="checkbox"/> Sports Clearance	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Sports Clearance	<input type="checkbox"/> Immunizations
Reviewed by: _____		<input type="checkbox"/> Allergies:	<input type="checkbox"/> Allergies:	<input type="checkbox"/> Allergies:	<input type="checkbox"/> Allergies:	<input type="checkbox"/> Allergies:



Camp Health Form

Page 2: Medications and Medical Authorization

Camper Name: _____
Last First

Medications at camp:

- This camper will not bring any medications to camp. Skip to next section (Over the Counter Medications).
- This camper will bring medication(s) to camp. Please note that medications must be surrendered to the health care supervisor at check-in. The medications must be labeled with the camper's name, unexpired, in original container/packing and include directions for administration and the full pharmacy label.

Complete and sign below. Include any medication that the camper may need to take at camp. Attach additional pages if needed.

Name of Medication	Amount or dose	How is it given (ex: by mouth)	When is it given	Date Started	Reason for taking
			<input type="radio"/> Time: _____ <input type="radio"/> As needed		
			<input type="radio"/> Time: _____ <input type="radio"/> As needed		
			<input type="radio"/> Time: _____ <input type="radio"/> As needed		
			<input type="radio"/> Time: _____ <input type="radio"/> As needed		

- Check here if you listed an inhaler or EpiPen above and would like the camper to keep it (rather than surrendering to health care supervisor). This is only permissible for inhalers/EpiPens and camp staff must monitor each dose.

Comments: _____

Over the Counter Medications: Please check off which non-prescription medications you give permission to be administered by the Health Care Supervisor to the above named camper on an as needed basis and per the doses stated on the package labeling.

- Acetaminophen(Tylenol)
 Ibuprofen(Motrin/Advil)
 Benadryl
 Sunscreen

Medical Waiver and Authorization (agreement is required for participation):

Medical Release: As parent/legal guardian of the above-named child ("Camper"), I do hereby agree to allow the Camper to participate in the Collegiate Soccer Academy ("Camp"). I have reviewed the Camp's program/activities and I hereby certify that the Camper is in good health and fully able to participate in all activities. The health history is correct and accurately reflects the known health status of the named camper. I hereby give permission to the medical personnel selected by the camp director to provide routine health care and to provide or obtain emergency care and transportation for the camper if needed. I give permission to the physician selected by the camp to order x-rays, tests, and treatments related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.

Medications: Pursuant to Massachusetts law and the Camp's policy, I authorize the Camp's designated healthcare staff to administer as listed above Medications At Camp, as directed, to my child for whom it was prescribed. Additionally, I authorize administration of Over the Counter Medications as noted above. I understand that all medications at camp must be approved by the camp's off-site healthcare consultant, seen and checked by the camp's health supervisor, and each dose monitored by a camp staff member. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label.

Insurance: I certify that the named camper is covered by health and accident insurance or Medicaid and that the policy information given is correct.

I, the parent/legal guardian of the named camper, have read, understood, and agree to the above.

Signature of Custodial Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to camper: _____



Camp Health Form Page 3: Health Care Record

To the Parent/Guardian: If your healthcare provider has given you a form recording the most recent physical exam and all required immunizations, send a copy to the camp and do not complete and return this page. If your healthcare provider has not given you a form recording the most recent physical and all required immunizations, complete the Camper Information below and send this page to the provider's office to complete. It is your responsibility to return this completed page to the camp, prior to the forms deadline. Keep a copy of this completed form for your records.

Camper Information:

Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

To the licensed medical provider: Complete this form for the camper named above. Attach any additional needed information. A copy of a previously completed form from a yearly physical, or similar, may be submitted in place of this form.

Physical exam done today: Yes No (If "No", date of last physical: _____)
Month/Day/Year

Date of physical exam must be within 24 months of camp.

Weight: _____ lbs Height: _____ ft _____ in. Blood Pressure: _____ / _____

Allergies: No known allergies
 This camper is allergic to: Food Medicine environment (hay fever, insects, etc.) Other
 Describe the allergy and the reaction seen: _____

Diet and Nutrition: This camper eats a regular diet. This camper has special food needs. Describe below.

Medications: This camper does not take medications.
 This camper takes the following medication(s). Describe below, and include the medication name, dose, frequency, and reason for taking. Attach additional information if needed.

Sports Clearance: The camper may fully participate in all soccer camp activities.
 The camper may participate in camp activities with the following restrictions: _____

Additional Information for camp healthcare staff:

Immunization History: Provide the day, month, and year for each immunization. Massachusetts requirements are listed below. Serologic proof of immunity is accepted in lieu of immunization. Immunizations must be recorded and signed by a licensed medical provider. The date of the last tetanus immunization is required.

Required Immunizations (# doses)	Dates of Administration (mm/dd/yy) *OR laboratory proof of immunity				
MMR (2 doses)*	/ /	/ /			
IPV/OPV (3 doses for each or 4 doses of mixed vaccine)	/ /	/ /	/ /	/ /	
Td (3 doses) <u>OR</u> DTaP/DTP/DT (4 doses)	/ /	/ /	/ /	/ /	
Hepatitis B (3 doses)*	/ /	/ /	/ /		
Tetanus booster	Must be within the last 10 years				/ /

Signature of Licensed Provider: _____ Date: _____
 Print Name: _____ Title: _____ Office Phone: _____
 Office Address: _____
Street Address City State Zip Code