

Cardinal Soccer Camps

Health Form

Physical exams are valid for 3 years from the date of last examination. Mail to: 88 Knapp St, Stamford, CT 06907.

Camper's Name: _____ Birthdate: ___/___/_____ Gender: _____
Mother's Name: _____ Father's Name: _____
Home Phone: _____ Wk Phone(Mother): _____ Wk Phone(Father): _____
Cell Phone(s): _____
Address: _____ City: _____ State: _____ Zip: _____

Important: This form must be completed by the THE SPECIFIED MEDICAL PRACTITIONER before the child may begin camp.

Date of Exam: ___/___/_____ Is the health of the camper, in general, good? Yes No

May participate in all activities

May participate in activities excluding: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medications(s)? Yes No

Medications: _____

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: _____

Immunization History: This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the 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 Telephone: _____

Signature of Physician, PA, APRN or RN: _____ Date: ___/___/_____

ADDRESS

PHONE

EMAIL

WEB

Cardinal Soccer Camps, 88 Knapp St, Stamford, 06907

203-588-0739

cardinalsoccercamps@mac.com

www.cardinalsoccercamps.com