

PANTHER SOCCER SCHOOL - CAMP MEDICAL FORM

This confidential medical form must be completed and returned by the first day of camp. You may use a school or other camp medical form that is less than one year old. You may return this form to us at check-in on the first day of camp but your child **CANNOT** be admitted to camp without a completed form.

Camper First Name		Last Name	
Address	City	State/Zip	
Date of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Camp Location	Date(s) attending	<input type="checkbox"/> Day Camp <input type="checkbox"/> ID Clinic	
Parents Name			
Home Phone		Mobile Phone	

IMMUNIZATION INFORMATION:

DPT	1st	2nd	3rd	Booster	Booster
ORAL POLIO	1st	2nd	3rd	Booster	Booster
MEASLES	Date	RUBELLA	Date	MUMPS	Date
HEPATITIS B	1st	2nd	3rd		
H.I.B.	1st	2nd	3rd		
MMR No. 2	Date				
Covid-19 (Optional)	Date One:	Date Two:			

ALLERGY PROBLEMS

Are there any allergic problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?
Are there any allergies to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?

GENERAL INFORMATION

Has the child been exposed to any communicable diseases in the 3 weeks prior to camp <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?
Is the child on any current medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what
Is the parent sending the medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any swimming restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?
Are there any activity restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?
Is there any significant medical history? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list past surgery, illness or limitations
Are there any further suggestions or comments from the parent concerning the child's health?

PARENTS AUTHORIZATION

To the best of my knowledge, this health history is correct. The individual described has my full permission to engage in all camp activities except as noted by the examining physician. I hereby give my full permission to the physician selected by the camp director or medical officer to order X-rays, tests and treatment for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or camp medical officer to hospitalize and secure proper treatment for my child.

Signature

Date

Please scan and return this form via email to info@panthersoccerschool.com
Or bring this form with you to check-in on the first day of camp.