**Casares Soccer Camps LLC**

Medical Form/ Emergency Contact

State Health and Safety regulations require that your child is up to date with age-appropriate vaccinations as listed below. Campers who aren’t vaccinated won’t be permitted on camp unless there is a bona fide medical or religious exception.

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_ Gender: \_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **#** | **Immunization** | **Most Recent Dose – Month and Year** |
| 1 | Diphtheria/Tetanus, acellular Pertussis |  |
| 2 | Haemophilus Influenza type B |  |
| 3 | Hepatitis B |  |
| 4a | Measles, mumps, rubella (MMR)- Dosage 1 |  |
| 4b | Measles, mumps, rubella (MMR)- Dosage 2 |  |
| 5 | Poliomyelitis |  |
| 6 | Varicella (chicken pox) |  |
| 7 | Additional childhood vaccinations |  |
| 8 | Has the camper recently been exposed to a contagious disease | **YES NO** |

**Medical Information**

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that this information accurately reflects the immunization history of the camper’s name listed above.

Name of Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* **IMMUNIZATION EXEMPTION REQUEST** \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

On religious, grounds, I request exemption for my child from all vaccinations and/or immunizations required for attendance at this camp

On medical grounds, I request exemption for my child from all vaccinations and/or immunizations required for attendance at this camp

Name of Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**In case of a medical emergency contact the following person/s.**

Emergency Contact #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell /Home Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell /Home Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_

In an emergency, when parents cannot be reached, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell /Home Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of myself and the Camper, I acknowledge and agree as follows:

1. I am the parent or legal guardian of the camper. The camper is capable of safely participating in the Casares Soccer Camps and related activities, and all activity restrictions, allergies, and medications applicable to the camper are listed in the forms above.

2.I hereby certify that my child is in good physical health and may participate in all camp activities. I authorize the staff of the Casares Soccer Camps LLC to act for me in accordance with their best judgment in any emergency requiring medical attention and I hereby waive and release the Camp, its directors, coaches, athletic trainer, and all workers from any and all liability injuries/illnesses incurred while at the camp.

3. In the event of an emergency or non-emergency situation requiring medical or dental treatment, I hereby grant permission to Camp staff for any and all medical or dental care to be administered to the camper, including, but not limited to, the administration of first aid, the administration of an epinephrine auto-injector, and the use of an ambulance. I also hereby authorize Camp staff, acting as my agent, to consent to the following for the Camper: (i) any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician or surgeon licensed in the state, county, or other locality where the physician or surgeon is located, or (ii) any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed in the state, county, or other locality where the dentist is located, or (iii) the foregoing in clauses (i) and (ii) administered or performed by the staff of any acute general hospital holding a current license to operate a hospital in the state, county, or locality where it is located. I understand that a good faith attempt will be made to contact me, or the emergency contact named above, before consenting to any of the foregoing in clauses (i), (ii) or (iii) above.

4. I understand that this authorization is being given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power to Camp staff to give specific consent to any and all such diagnosis, treatment, or hospital care which an aforementioned physician, dentist, or staff in the exercise of his or her best judgment may deem advisable.

5. I understand that it is important that the Casares Soccer Camps have my permission to share the medical care and emergency contact information of the Camper with the involved Camp staff. My signature below authorizes these individuals to access the Camper’s medical and emergency records on file with Casares Soccer Camps and/or the Camp and to share this information with involved Camp staff or emergency medical personnel, hospital, or other health care professional who evaluates, diagnoses, or treats an injury, illness, or other condition

Name of Camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_