



Terrier Training Soccer

www.terriertrainingsoccer.com



Health Examination Form for Campers and Staff

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. The Health exam form must be completed by approved licensed medical personnel at least every two years, must be on file prior to camp attendance and must be accompanied by immunization records that include MMR, IPV or OPV, DTaP/DTP/DT/Td and Hepatitis B vaccines.

Parent section:

Name: _____
First Last MI DOB _____ Age _____

Home Address _____
street address city/town state zip

Custodial parent/guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Address _____
 (if different from above) street address city/town state zip

Second parent/guardian or emergency contact _____

Address _____ Home Phone _____ Work Phone _____
city/town state

If not available in an emergency, notify _____ Relationship _____ Phone _____

Licensed Medical Personnel section:

I examined the above camp participant on _____ BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active camp program

The applicant is under the care of a physician for the following conditions _____

Recommendations and Restrictions at Camp _____

Treatment to be continued at camp _____

Medications to be administered at camp (name, dose, frequency) _____

Any dietary restrictions _____ Known allergies _____

Limitations or restrictions on camp activities _____

Physician's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Address _____ Phone _____