

Camp Medical Card

Fill out this card completely ~ The camp must have a medical card for *EACH* camper

Camper's Name _____

Address _____ City _____ State ____ Zip _____

Camp Week _____ Is this camper a swimmer? Yes No Allergy to bee stings? Yes No

Phone (H) _____ (W) _____ (C) _____ Physician's Name & Phone _____

Emergency Contact _____ Phone _____

I hereby give my permission for my child to be medically treated for injuries or illness during his/her stay at the Davidson Soccer Training Camp.

This does / does not include administering Tylenol or Benadryl as necessary. (please circle)

Since I understand the camp is not without some inherent risk of injury, I hereby release, waive, discharge, and covenant not to sue the camp, its employees, and Davidson College from liability or claims whether caused by the negligence of the releasees or upon the camp premises.

Parent's Name _____ Parent's Signature _____

The following needs to be filled out completely and signed by your Family Physician.

Is this child able to participate in an active sports program? Yes No

Is there any pertinent information regarding this child that the camp and its sports medicine staff needs to know (i.e. diabetes, epilepsy, etc.)

Yes No (If yes, please explain on reverse)

Does this child have allergies that the camp should know about? Yes No (If yes, please explain on reverse)

Is this child on any medication? Yes No (If yes, please explain on reverse)

Physician's Signature _____

Please Bring This Medical Card With You On The First Day Of Camp, or Mail It To Davidson Soccer Training Camp, P.O. Box 1659, Davidson, NC 28036