

Gus Mota's Soccer Academy at Greensboro College: Camp Medical Information Form

Camper's Name (FIRST, LAST): _____

EMAIL _____

Home Address (No & Street, City, State Zip)

Father Home number (H) _____ Mother (H) _____

Work number (W) _____ (W) _____

Cell number (C) _____ (C) _____

If not available in an emergency, please notify:

Name _____ Phone _____

Relationship _____

Insurance information:

Insurance co: _____ Policy # _____

Policy holder's name (mom/dad) _____

Medical Information:

Medications presently taking: Prescription _____ Non

Prescription _____

(use back if necessary)

I give my child permission to self administer their prescription medication(circle): Y N

Initial _____

I give my child permission to self administer their non prescription medication(circle): Y N

Initial _____

My child is aware that they may not share any medication with other campers. **Camper**

signature: _____

Drug sensitivities/allergies (List and circle if

severe) _____

Epi-pen: Does your child require an epi pen to treat an allergy(circle)? Y N If so please speak with the staff at registration.

Asthma: Does your child use an inhaler for asthma(circle): Y N

If yes my child has been instructed to carry their inhaler to **ALL** camp activities.

Initial _____

Tetanus: Date of last tetanus _____

Initial if you approve of appropriate administration of the following medicines by a first responder:

Tylenol (initial) _____ **Benedryl (initial)** _____ **Tums (initial)** _____

Pre-existing conditions:

Does your child have any injuries or conditions that presently exist that would limit her from camp activities?

Y N If yes, describe _____

Has your child had any sports or orthopedic (muscle, joint, etc) injury within the past year?

Y N If yes, describe _____

Has your child been diagnosed with any other significant chronic illness (diabetes, heart, epilepsy, etc?)

Y N If yes, describe _____

Signed _____ (parent or guardian)

Date _____