

Pantuosco Soccer Camp Youth Camp Health Exam Record/Waiver 2010

(must be completed and mailed to PSC, 18 Greenleaf Drive, Hampden MA 01036
prior to start of camp or presented on the first day of camp)

Camp Location and Dates Attending _____

Last Name, First Name _____ Age _____

Address: _____

Name of Parent/Guardian _____ Telephone No. _____

Emergency Contact _____ Telephone No. _____

Is this individual taking prescription medication? Yes _____ No _____

If yes, prescription _____

Does this individual have allergies? _____ If yes, explain _____

****TO BE COMPLETED BY PHYSICIAN
IMMUNIZATIONS REQUIRED BY THE DEPARTMENT OF HEALTH.
Attach record or complete month/year of each dose.**

Hepatitis B (3, DOB after 1/92) _____ Measles, Mumps, Rubella(2) _____

Polio (3-4) _____ Tuberculin Tests _____

Diphtheria, Tetanus, Pertusses (4) _____

I hereby state that this person is in good health and is physically able to participate in strenuous activities.

Date of Exam _____ (dated within 2 years of camp attendance)

Physician's Signature _____ Date: _____

Printed Name or Stamp _____ Phone: _____

Medical Insurance Coverage

Insurance Company _____ Policy No. _____

IMPORTANT: This box must be completed for attendance.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/or my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for me/or my child as named above. This form may be photocopied for use out of camp.

Signature of parent or guardian: _____ **Date:** _____