

**BRIAN YOUNG SOCCER CAMP @ ST. EDWARD'S UNIVERSITY**

**CAMPER INSURANCE AND MEDICAL HEALTH HISTORY (2 pages)**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

ALL QUESTIONS MUST BE COMPLETED. IF YOU ANSWER ANY YES TO ANY QUESTION, **YOU MUST EXPLAIN**. PLEASE INCLUDE DATES, EXTENT, AND CURRENT STATUS WHEN EXPLAINING. SAFETY IS OUR NUMBER ONE PRIORITY AT CAMP!

1. HAVE YOU HAD ANY INJURIES IN THE PAST YEAR?

2. HAVE YOU EVER HAD AN OPERATION OR BEEN HOSPITALIZED?

3. HAVE YOU EVER REQUIRED MEDICAL TREATMENT FOR A HEAD INJURY? IF YES, HAS YOUR CHILD BEEN CLEARED TO RETURN TO ATHLETICS BY A PHYSICIAN?

4. ARE YOU CURRENTLY TAKING MEDICATION OR ANTICIPATE A NEED FOR MEDICATION DURING THE SPORT SEASON?

5. DOES YOUR CHILD HAVE ASTHMA, DIABETES, OR SIMILAR CHRONIC ILLNESSES THAT MAY REQUIRE MEDICATION? PLEASE LIST MEDICATIONS.

**6. DO YOU HAVE ANY ALLERGIES (INHALANT, FOOD, BEES, and DRUG)? IF YES, PLEASE EXPLAIN YOUR CHILD'S REACTION AND COURSE OF TREATMENT. DOES YOUR CHILD CARRY AN EPI-PEN? DOES YOUR CHILD NEED ASSISTANCE IN USING AN EPI-PEN?**

7. SPECIAL CONSIDERATIONS?

DATES OF REQUIRED IMMUNIZATIONS: MONTH/YEAR(Up to Date)

Diphtheria/Tetanus: \_\_\_\_\_

Rubella (2 doses required): \_\_\_\_\_

Mumps or MMR (2 doses required): \_\_\_\_\_

(we need to these are up to date, in case you son needs immediate medical attention)

1. I hereby certify that \_\_\_\_\_ has had a physical examination within the past year, is in good physical health, may participate in all camp activities, and that the above health history and immunization data are complete and accurate.

2. I hereby consent to emergency medical treatment by assigned certified trainer at the Brian Young Soccer Camp and appoint the camp director to act in my behalf in authorizing emergency medical attention beyond that is maintained by the certified camp trainer. I hereby waive and release the Brian Young Soccer Camp, its affiliates, St. Edward's University, and the Athletic Trainer from any and all liability for injuries incurred while at the camp or arising from travel to or from camp. Campers will be responsible for medical costs and damages caused by camper. I also give the Brian Young Soccer Camp permission to use, at their discretion, any camp photos for promotional use.

Parent or Guardian: \_\_\_\_\_  
Signature Date

Person to notify in emergency: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business or Cell: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Identification or Subscriber Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_