

SOCCER CAMP WELLNESS FORM 2011

Monday July 4th – Friday July 8th, 2010


Participant's Name: (Last) _____ (First) _____ Date of Birth: _____

Name of Parent/Guardian responsible for camper during their week of Soccer Camp: _____

mother father guardian Contact number for any medical issues: _____ cell home

Participant's Health Card #: _____

Gender: Male Female

 does not have health insurance (see camp conditions)

Doctor's Name: _____ Address: _____ Phone Number: _____

Participant does not have a family doctor

Please describe any medical conditions your child may have: _____

Will any of the above conditions limit the participant's ability to fully participate in **all** camp activities: Yes No

If yes, please explain: _____

Are there any home/personal situations that the staff should be aware of? Yes No If "Yes" please write below and/or back of sheet.

If the need arises, may the staff give your child over the counter medications such as Tylenol, Gravol or Benadryl? Yes No

Are there any over the counter medications you do **NOT** want given to your child? Yes No If Yes, please explain:

Does the Participant have any additional Dietary Restrictions? (please explain): _____

***** We strive to be peanut/nut free and although we do not use peanuts/nuts in our snacks,
we cannot guarantee a complete nut free environment *****

Thank you for filling out this form. We appreciate it being filled out completely – since this makes it much easier for the staff at soccer camp to properly care for your child. Please contact us if you have any concerns or questions.

Email: elorasoccercamp@hotmail.com