

MEDICAL INFORMATION

Completion and submission of this form is required in advance of all participants in the Soccer Etc. International Camp.

Participant Name _____

Indicate medication(s) that are taken on a regular basis. Not that participant should bring an adequate supply of all medication(s) with them.

Name of Medication	Dosage	Prescribing Physician/Phone
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Is there a medical history involving any of the following:

Allergies	Yes	No	Heart Disease	Yes	No
Convulsions	Yes	No	Phobias or Fears	Yes	No
Diabetes	Yes	No	Past Injuries/Illnesses	Yes	No
Disabilities	Yes	No	Past Operations	Yes	No
Epilepsy/Seizures	Yes	No	Other	Yes	No

If you answered "yes" for any of the above condition, please explain in detail. Use a separate page if necessary.

Please advise of any special instructions, side effects or emergency procedures:

Date of last Tetanus Booster _____

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____