



RAY REID SOCCER SCHOOL MEDICAL RELEASE FORM

HEALTH EXAM/RECORD FOR CAMPER'S AND STAFF

Physical Exams Are Valid for 2 Years From Date of Last Examination;

Physical **must be signed** by a PA, APRN or physician within the last 24 months

FAX TO: RAY REID SOCCER SCHOOL 860-674-1704

Camper Staff

FORM MUST BE SUBMITTED BY JUNE 1, 2018

Name _____ Date of Birth ____/____/____

Guardian _____ Phone (____) _____

Address _____

Town/City _____ State _____ Zip _____

Emergency Contact _____ Phone (____) _____

Date of Arrival at Camp ____/____/____ Departure Date ____/____/____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER: Date of Exam ____/____/____

____ May participate in all camp activities

____ May participate except for _____

Medical information pertinent to routine care and emergencies _____

Is this individual taking prescription medication? Yes No
If yes, indicate prescription _____

Does the individual have allergies? Yes No Explain _____

Is the individual on a special diet? Yes No Explain _____

May administer over the counter medication per camp nurse and physician
 Yes No Explain _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices (**IMPORTANT: please attach copy of vaccination records or specify current vaccinations in the chart below; we cannot accept a notation of "up to date" or "current" but must have specific records. Thank you!**):

Comments _____

Print name of medical care provider _____

Medical care provider's address _____

City _____ State _____ Zip _____

Signature of Physician, APRN or PA _____

Date Form Signed ____/____/____ Telephone Number _____