

Medical Clearance Form

Parent or Guardian - the Medical Clearance Form must be completed or sent in with an attached copy of a current physical and returned to Sports International for your participant to attend camp. Please make sure to inform the athletic training staff at registration of any medication the camper will need to take during camp

Camp Attending _____

Camper's Name _____ **Date of Birth** _____

Please check one:

A copy of a physical from the past 12 months with all information below included in it is attached to these forms. ***(do not mail the original physical – it will not be returned to you).*** *If attaching a physical the physician section does not need to fill out. Please be sure to fill out and sign the Parent/Guardian section at the end of this form.*

This form has been completed by a physician and sent to Sports International. *Please be sure to fill out and sign the Parent/Guardian section at the end of this form.*

Medical Insurance Information: Are you insured? Yes No

Insurance Company: _____ **Insurance Phone #** () _____

Policy Holder Name: _____ **Insurance Policy Number:** _____

Group Name: _____ **Date of Coverage:** _____

Other Information: _____

To the physician: *The camper below has not had a physical in the past 12 months.* Your patient is going to participate in a summer football camp. Please complete the following and ***list any information and/or necessary treatments or medications that will assist our staff of athletic trainers in caring for this camper.***

Please list any health problems, allergies, or barriers to learning we should be concerned with including previous significant injuries, current medical treatment, and/or allergies to medications:

List all medications the participant takes and list what each medication is taken for:

When was the camper's last tetanus shot: ____/____/____ (month/year)

(Over)

Comments, concerns and/or explanations:

I have reviewed the above-named child's medical history and completed a physical examination. I make the following recommendation for participation in football camp:

[] Full Participation [] Limited Participation [] No Participation

Physician's name (print)	Physician's signature	Date
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As the child's parent/ guardian I have filled out the information requested to the best of my ability and I understand I and my participant must sign this form before mailing it in (with a copy of a recent physical or the Sports International Medical Clearance form signed by a physician).

No camper will be allowed to participate without the completion of this form.

Parent/Guardian Signature _____ Date _____

Print Name _____

Participant's Signature _____ Date _____

Print Name _____