

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. NJ and MA academies must also include a copy of your immunizations. 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 be filled 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.*

*Forms will only be accepted through the online registration process (uploaded form) or you may bring this to camp.

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:

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

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 uploading it (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 _____

Primary Phone Number: _____

Secondary Phone Number: _____

Participant's Signature _____ **Date** _____

Print Name _____

Please upload the completed form to your account prior to the start of camp. If you are unable to upload you may also mail to:

Sports International

207 Tillbrook Ln. Harrison City, PA 15636