

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. 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 #** _____

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)

Is the camper up to date on all required immunizations: Yes No

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 **Physician's Signature** **Date**

IF YOU ARE REGISTERED FOR A CAMP/ACADEMY THAT WILL TAKE PLACE IN THE STATE OF NEW JERSEY, YOU MUST PROVIDE A COPY OF IMMUNIZATIONS CONFIRMING THAT THE PARTICIPANT HAS RECEIVED ALL IMMUNIZATIONS AS REQUIRED BY THE NEW JERSEY DEPARTMENT OF HEALTH. See <http://nj.gov/health/cd/imm.shtml> for immunization requirements.

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). *NJ and MA Academies must also provide immunization records.*

******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 _____

Contact phone Number _____

Alternate phone Number _____

If necessary, Additional phone Number _____

****** DO NOT mail or fax this form to Sports International. It must be uploaded to your account online or brought with you to camp on the first day of check-in. ******