

# 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 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:

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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