

CAMPER HEALTH & INFORMATION FORM

for Maryland SoccerPlex & SAM Soccer Summer Camps

INSTRUCTIONS: Please fill out this form completely and accurately. Be sure to attach all required additional forms for medication and immunization verification (see instructions below). Forms are also available online at mdsoccerplex.org.

CIRCLE CAMP

Fun for All Summer Camp SAM Soccer Camp Sports Meets the Arts Camp Soccer Tennis Camp

CAMPER INFORMATION

Child's Name _____ Male ___ Female ___ Age ___ DOB _____

Street Address _____

City _____ State _____ ZIP _____

PARENT/GUARDIAN NAME _____ PARENT/GUARDIAN NAME _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Daytime Phone _____ Daytime Phone _____

EMERGENCY CONTACTS

Please list two (2) emergency contacts, in case of emergency if parent/guardian is not reachable.

NOTE: Please remember to notify the persons you have listed as contacts.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

CAMPER PICK-UP INFORMATION

My child may be released to the care of the following people (include yourself):

1. Parent/Guardian Name _____ Phone (during camp hours) _____

2. Name _____ Relation _____ Phone (during camp hours) _____

3. Name _____ Relation _____ Phone (during camp hours) _____

4. Name _____ Relation _____ Phone (during camp hours) _____

I release my child _____ to the care of the individuals listed above. I understand that each authorized person must be at least sixteen (16) years old, and that my child will not be permitted to leave with anyone *not* listed above. These individuals must show identification and sign my child out each day.

My child _____ has permission to walk home from camp. _____ NO _____ YES

Parent or Legal Guardian's Signature _____ Date _____

CAMPER HEALTH & INFORMATION FORM (cont.) for _____

Child's Name

HEALTH INFORMATION

Insurance Company _____

Policy # _____

Group # _____

Child's Physician: _____ Phone: _____

Does your child have health problems of any kind (including physical, psychiatric, and behavioral) of which we should be aware? _____ NO _____ YES If yes, please list and/or explain them here: _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? _____ NO _____ YES

If yes, please list them and/or explain here: _____

If camper takes medication during camp hours or carries an epi-pen or asthma inhaler, you *must* fill out a Medication Administration Authorization form. All camp forms can be found at mdsoccerplex.org on the "Camps" page.

IMMUNIZATION INFORMATION

Does your child attend a State of Maryland Public or Private School? YES _____ NO _____

1. If yes, please let us know that your child is up to date on required shots? YES _____ NO _____

Is your child exempt from any immunizations? _____ NO _____ YES

If YES, list them: _____

2. If your child does not attend a State of Maryland Public or Private School, (i.e. attends school out of state or is home schooled) we need a copy of your child's immunization records. Attach Department of Health form DHMH-896 (record of vaccination or immunity).

Parent or Legal Guardian's Signature: _____ Date: _____