

2022 VICTORY SOCCER SCHOOL
HEALTH EXAM / MEDICAL RECORD FORM
 Physical Exams Are Valid For 3 Years from Date of Last Examination

Please Bring Completed Form to the First Day of Camp/Session

Child's Name: _____ Date of Birth: _____ Age @ 1st day of Camp: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Parent / Guardian Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Camp/Session Location: _____ Start –End Dates: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam: ____ / ____ / ____

May participate in **all** camp activities or...

May participate **except** for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? No Yes If yes, indicate names of medication(s): _____

Does the individual have allergies? NO YES Explain: _____

Is the individual on a special diet? NO YES Explain: _____

Does the individual have special needs? NO YES Explain: _____

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	YES	NO		YES	NO		YES	NO
Measles			Chickenpox			Pertusis		
Mumps			Hepatitis B			Pneumococcal conjugate		
Rubella			Diphtheria					
Tetanus			Polio					

Comments:

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town: _____ ST: ____ Zip: _____

Signature of Physician, PA, APRN or RN

Physician Phone

Date Form Signed

INSURANCE INFORMATION

Hospital Insurance: Major Medical (if different).....

Name of Insured Person on Plan: Policy Number:

Insurance Company Phone: