



Frostburg Soccer Camps  
 PO Box 442  
 Frostburg, MD 21532  
 Office: 301-687-4356  
 Fax: 301-687-4780  
 FrostburgSoccerCamps.com

**HEALTH HISTORY/MEDICAL INFORMATION/WAIVER FORM**

*The following information must be submitted for any minor child to participate in our camp programs.*

**Emergency and Medical Information:**

<b>Camper's Name:</b>				
<b>Parent/Guardian Name &amp; Day Phone:</b>				
<b>2<sup>nd</sup> Parent/Guardian Name &amp; Day Phone:</b>				
<b>3<sup>rd</sup> Emergency Contact &amp; Day Phone:</b>				
<b>Medical Insurance Co:</b>			<b>Policy #:</b>	
<b>Family Physician:</b>			<b>Physician Phone:</b>	
<p><b>Health History:</b></p> <p><i>In the space below, please provide information on any medical conditions, psychological or behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive. Please contact the Camp Office in advance of the camp to discuss any of your child's health concerns.</i></p>				
<p><b>Medications:</b></p> <p><i>*If your child will be taking <u>ANY</u> medication at camp, you must fill out the table below. Prescription medication may only be given if it is in the original container from the pharmacy with the FULL label still on it. If your medication came with an outer container (box, etc.) that has the label, this container <b>MUST</b> be brought to camp. Over-the-counter medications that you permit your child to take at camp must also be listed here and a physician's signature is required by State Law. Campers may not keep medications of any kind with them. All medication must be turned in to the athletic trainer upon arrival at camp.</i></p>				
<i>Medication</i>	<i>Reason for Medication</i>	<i>Dosage</i>	<i>Taken how many times per day and what times</i>	<i>My camper has taken at least one dose prior to camp (required)</i>
<i>Physician's Signature (Required):</i>			<i>Date:</i>	

**Immunization Information**

*All campers must provide a copy of their complete immunization record.  
Please see [www.EDCP.org](http://www.EDCP.org) (Immunization) for more information on the required immunizations.*

1. Is the camper exempt from any immunization on medical or religious grounds?

\_\_\_\_\_ NO, Please return with this form a copy of the camper's most recent immunization record confirming that the camper has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunizations

\_\_\_\_\_ YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

**Date of Most Recent Tetanus Shot:** \_\_\_\_\_

**Liability Statement and Treatment Authorization**

*Recognizing that soccer is a physical sport that can result in serious injury, I hereby release, discharge, and/or otherwise indemnify Frostburg Soccer Camps, LLC and Frostburg State University, its ownership, staff, affiliates and associated personnel, including the owners of facilities utilized by the camp against any claim made by or on behalf of the camper listed above as a result of the camper's participation in camp activities. I certify that the player named above is in sound physical condition and capable of participating in soccer activities and that there are no medical conditions that would prevent his/her participation or be adversely affected or influenced by the above named player's participation in soccer activities conducted by Frostburg Soccer Camps. I understand that my child will swim at camp and I give my consent and permission for him/her to do so. I give permission for my child to take one or more doses of any over-the-counter medications that are stocked by the camp staff as I've indicated on the Medication section of this form.*

*I hereby give permission to Frostburg Soccer Camp, LLC, its officers, employees, athletic trainers, and/or staff members to act on my behalf in accordance with their best judgment in any emergency requiring medical attention and to take whatever action is necessary for the health and welfare of my child including medical treatments and procedures. In case of emergency, I authorize treatment to be given by my family physician or the nearest Hospital's emergency department. I further agree to hold Frostburg Soccer Camps, LLC harmless and indemnify them from liability for all medical bills incurred for the treatment of my child.*

**Signature**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_