

Required for ALL campers before being accepted to camp  
**PTUSA SOCCER MEDICAL FORM/RELEASE FORM**

**Camper's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent's Names and Phone Number During Camp Hours**

**Mother:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Father:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health History: (Circle any that apply)**

Heart Problems	Hay Fever	Earaches	German Measles	Asthma
Sinus Problems	Whooping Cough	Measles	Chickenpox	
Bee Sting Allergy	Diabetes	Mumps	<b>Drug Allergy</b>	Seizures
Ivy, Oak Allergies	Glasses	Contacts	<b>Food Allergy (specify)</b>	

**Detail any of the above:** \_\_\_\_\_

**Medication being taken (name and explain):** \_\_\_\_\_

**Operations, injuries, special restrictions (give dates):** \_\_\_\_\_

**REQUIRED IMMUNIZATIONS - list month and year**

D.T.P. (4 doses) \_\_\_\_\_

Polio (3 doses) \_\_\_\_\_

Hepatitis B (3 doses) \_\_\_\_\_

M.M.R. (2 doses) \_\_\_\_\_

TD booster (1 dose while in Grades 7-12) \_\_\_\_\_

Varicella Vaccine or proof of disease \_\_\_\_\_

**Date of last physical examination (must be within last 12 months):** \_\_\_\_\_

**I certify that the above medical information is complete and accurate.**

**Physician Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT FOR A MINOR (one form per child)**

*As parent or legal guardian of I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of my dependent. "I understand that the directors and coaches of Paul Turner's Ultimate Soccer Academy, Inc. or anyone associated with the sites we run our camps at, its trustee, agents and officers, will not assume responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, is in good health, and able to participate in the physical activity of a vigorous program. I hereby authorize the camp directors to act for me accordingly to their best judgment in any emergency requiring medical attention. I will hold harmless Paul Turner's Ultimate Soccer Academy Inc., and any other site used by Paul Turner's Ultimate Soccer Academy, it's trustees, agents and officers of any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection either with or resulting from participation in any of its activities."*

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

**Family Health Insurance Company and Policy#:** \_\_\_\_\_