

**NOGA SOCCER ACADEMIES - CAMP MEDICAL FORM 2010**

In order to comply with State regulations a medical form must be completed and returned by the first day of camp. A physician must sign this form but your child does not have to have a physical. You may use a school or other camp medical form that is less than one year old. You may return this form to us at check-in on the first day of camp but your child **CANNOT** be admitted to camp without a complete form.

Camper First Name		Last Name	
Address		City	State/Zip
Date of Birth	Age		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Camp Location	Date(s) attending		<input type="checkbox"/> Day <input type="checkbox"/> Resident

Parents Name	
Home Phone	Emergency Phone

**IMMUNIZATION INFORMATION**

DPT	1st	2nd	3rd	Booster	Booster
ORAL POLIO	1st	2nd	3rd	Booster	Booster
MEASLES	Date	RUBELLA	Date	MUMPS	Date
HEPATITIS B	1st	2nd	3rd		
H.I.B.	1st	2nd	3rd		
MMR No. 2	Date				

**ALLERGY PROBLEMS**

Are there any allergic problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?
Are there any allergies to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?

**GENERAL INFORMATION**

Has the child been exposed to any communicable diseases in the 3 weeks prior to camp <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?
Is the child on any current medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Is the parent sending the medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any swimming restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?
Are there any activity restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?
Is there any significant medical history? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list past surgery, illness or limitations
Are there any further suggestions or comments from the parent concerning the child's health?

**DOCTORS AUTHORIZATION**

I have reviewed the health history of the above individual. It is my opinion that this individual is physically able to engage in any and all camp activities, except as noted above

Signed:	MD	Date
Doctors Address		Telephone

**PARENTS AUTHORIZATION**

To the best of my knowledge, this health history is correct. The individual described has my full permission to engage in all camp activities except as noted by the examining physician. I hereby give my full permission to the physician selected by the camp director or medical officer to order X-rays, tests and treatment for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or camp medical officer to hospitalize and secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child.

Signature	Date
-----------	------

Please return this form to - NOGA, P.O. Box 262, Garden City, NY 11530 (Tel 516-489-3900)