JUDSON UNIVERSITY SOCCER SCHOOL OF EXCELLENCE

1151 N. STATE ST., ELGIN, IL 60123 (847) 628-1590

MEDICAL RECORD AND RELEASE FORM

(RESIDENTIAL CAMPS ONLY)

Completion and return of this form to Judson College is required for admission to the camp.

BRING THIS COMPLETED FORM TO CAMP AT REGISTRATION.

Camper's Full Name			Date of Birth	
Parents' Full Names				
Home Address (Number and Street)		City	State	Zip
Home Phone ( )	Business Phone ( )		Policy #	
Family Physician	Phone ( )	City	State	Zip
Family Dentist	Phone	City	State	Zip

IMMUNIZATION RECORD AND MEDICAL HISTORY (to be completed by your physician)

Basic series of boosters of TD, TOPV (Tetanus & diphtheria, DPT trialent oral polio vaccine)	Date:	Date:	Date:
If no TD in past 10 years, a booster is required.		Date:	
MMR and boosters (measles, mumps, rubella)		Date:	Date:

Any abnormalities in the following?	Negative	Yes	Any abnormalities in the following?	Negative	Yes
1. Ears, Nose or Throat			7. Respiratory		
2. Cardiovascular			8. Hernia		
3. Gastrointestinal			9. Skin		
4. Metabolic/Endocrine			10. Allergies		
5. Neuro-pychiatric			11. Eyes (glasses)		
6. Genito-urinary			12. Musculo-skeletal		

Has the patient suffered any major illness, injury or disability in the past? Specify:

Has the patient had any history of anxiety or other tension states, eating disorders or emotional instability?

Is the patient currently under treatment for any illness, injury or emotional disturbance? Specify:

List any medications that the patient is currently taking (i.e.., allergy injections, etc.)

Does the patient have any known drug or food allergies? Specify:

The patient is physically capable of participating in the Judson College Soccer School of Excellence, Big Man or Point Guard Camps

Physician's Signature Date

_____ is physically and emotionally capable of participating in the Judson College Summer Sports Camps and has my permission to do so. I hereby authorize the directors and staff of the Judson College Summer Sports Camps to act in my place according to their best judgment in any emergency requiring medical treatment. I also release Judson College and the personnel associated with the Judson College Summer Sports Camps from any liability that results from my child's participation in the camp.

Parent's Signature:_____