

Soccer Dynamics

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SOCGER DYNAMICS HEALTH FORM

Camper's Name _____ Date of Birth _____ SS # _____
Address _____
Parent name (s) _____ Home Phone: _____ Work Phone: _____
Father's Occupation _____ Mother's Occupation _____

Insurance Information: (*insurance card or copy must be brought to camp*)
Name of Insurance Co. _____ Policy Number _____
Address _____

Please check off health conditions your child has had:

Chicken Pox _____	Diphtheria _____
Whooping Cough _____	Tuberculosis _____
Measles _____	Polio _____
Mumps _____	Seizures _____
German Measles _____	Diabetes _____
Pneumonia _____	Kidney Trouble _____
Rheumatic Fever _____	Ear Infections _____
Heart Disease _____	Skin Diseases _____
Asthma _____	Fractured Bones _____
Surgery _____	Head Injuries _____

Allergies _____ To what? _____
Please elaborate on any of the above: _____

Is your child taking any medication? If so, what? _____

Does your child wear glasses or contact lenses? _____
Name and telephone number of physician _____
Date of last physical exam: _____

For pain, headaches, fever, etc., I give the medical staff permission to give my child (circle appropriate)

Tylenol Advil Aspirin NO pain relievers

Please list any specific instructions or concerns you may have about your child's physical well-being while at camp.

Parent's Signature _____

Date _____

RETURN WITH PHOTOCOPY OF HEALTH INSURANCE CARD