2017 DABO SWINNEY FOOTBALL CAMP - CAMPER INFORMATION

Medical History

Print Campers Name _____ Date _____

A. List all medications patient is currently taking. **Please sign this chart only if the Dabo Swinney Football Camp has your permission to administer this drug to the camper at the prescribed time and frequency.**

DrugName	DrugDose	Frequency / Time of Day	Parent/Guardian Signature

B. Potential Side Effects (If Any) associated with the above medications.
_____
_____

C. Prescribing Physician (Name, Address, and Phone #):
_____
_____
_____
_____

D. Is patient allergic to any medication? Yes_____No_____If yes, List_____
E. List all medical conditions currently under treatment.
_____
_____

F. Does the patient have loss of a paired organ? e.g. kidney, eye? Yes_____No_____If yes, list _____
G. Does the patient have any food allergies? e.g. peanuts, gluten? Yes_____No_____If yes, list _____

Insurance Information

Dabo Swinney Football Camp provides primary excess coverage. Campers will not be allowed to play unless the following information is submitted and the form is signed by the parent or guardian of the camper.

Please Provide a Copy of the Insurance Card for the Participating Camper

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission for diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter. I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payment in full of any charges incurred.

Signed:_____

Relationship:_____Date_____

Physician's Statement

I hereby certify that I have examined

_____

and found him physically fit to attend and participate in the Dabo Swinney Football Camp, and I know of no impairments which could limit his participating in all camp activities.

Doctor's Signature: _____

Doctor's Name (Printed): _____

Address:_____

Telephone: _____