

**INSURANCE INFORMATION – 2015 Strike Soccer Summer Camp**

Child's Name \_\_\_\_\_

Date Attending Camp (circle):      August 3-August 7                      August 10-14

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL HISTORY**

**MY CHILD, named above:**

1. Has a history of epilepsy: Yes \_\_\_\_\_ No \_\_\_\_\_

2. Has a history of diabetes: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is subject to one of the specified:

Ear infections \_\_\_\_\_ Sinus \_\_\_\_\_ Indigestion \_\_\_\_\_ Hives \_\_\_\_\_ Hay fever \_\_\_\_\_ Sore throat \_\_\_\_\_

Appendicitis \_\_\_\_\_ Asthma \_\_\_\_\_ Food allergies \_\_\_\_\_ Eye strain \_\_\_\_\_ Heart trouble \_\_\_\_\_ Poison oak \_\_\_\_\_

Allergic reaction to insect stings/bites \_\_\_\_\_

List allergies, if any:

\_\_\_\_\_

\_\_\_\_\_

4. Write any specific conditions, not covered above, which affect participation or treatment

\_\_\_\_\_

\_\_\_\_\_

5. Check diseases your child has had:

Chicken pox	Diphtheria	German Measles	Mumps
Scarlet Fever	Small Pox	Whooping Cough	Typhoid

6. Does your child attend a Montgomery County Public School? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please let us know that your child is up to date on required shots? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, we need a copy of your child's immunization records.

7. Is subject to penicillin or other drug reaction? \_\_\_\_\_ If yes, what drug? \_\_\_\_\_

8. Is your child under any special medical or dietary regime to be continued on an outing? \_\_\_\_\_

\_\_\_\_\_

9. Does your child take any medications on a daily basis \_\_\_\_\_

10. Will they bring any medicine with them? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of drug \_\_\_\_\_

\*If yes please request an additional Medical Form to be filled out by your physician

11. Does your child have any behavioral problems that could distract camp activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

12. Are there any other factors which would limit your child's full participation in activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_