

**** THIS FORM MUST BE COMPLETED AND SIGNED BY THE CAMPER'S LEGAL GUARDIAN AND PHYSICIAN ****

Submit completed form via your online Active account at least 24 hours prior to the start of camp



DUKE SOCCER SCHOOL

Medical Form

► DIRECTIONS

Completion of this form by a parent or legal guardian is required before a player can enter camp. The information you provide is necessary in the event your camper needs medical treatment while camp is in session. This form will be returned to you if incomplete. Your child will not be allowed to play unless this form is completely filled out. Please type or print in black ink. Attach any specific recommendations from your physician to this form.

► CAMPER INFORMATION

Check the sessions you are attending:

- | | |
|--|---|
| <input type="checkbox"/> Youth Day Camp | <input type="checkbox"/> Winter ID Clinic |
| <input type="checkbox"/> Junior Elite Residential Camp | <input type="checkbox"/> Spring ID Clinic |
| <input type="checkbox"/> Elite Residential Camp | <input type="checkbox"/> Summer ID Clinic |

Camper Name: _____

Permanent Address: _____

City, State, Zip: _____

Date of Birth: _____

Cell Phone: _____

Email of person completing form: _____

► MEDICAL EMERGENCY CONTACT INFORMATION

Initial Contact

Name: _____

Relationship to Camper: _____

Home Phone: _____

Cell Phone: _____

Backup Contact

Name: _____

Relationship to Camper: _____

Home Phone: _____

Cell Phone: _____

► MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named camper, authorize the Duke Summer Camp staff to seek medical treatment for the camper as they see necessary at Duke University Medical Center or another nearby facility. I consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that is given to provide the Camp staff authority to seek medical treatment and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Camp staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Camp staff will notify me or my designee as soon as possible of any and all diagnoses and treatments.

Legal Guardian Signature: _____

Date: _____

Print Name: _____

► INSURANCE POLICY INFORMATION

The above child is covered by health insurance: Yes No

If YES, provide the following information which is required by the Duke Medical Center to expedite treatment and to facilitate the billing process.

Policyholder's Name: _____ Policyholder's Date of Birth: _____

Address: _____

Employer Address: _____

Insurance Company _____

Insurance Company Address: _____

Policy #: _____ Plan #: _____

► MEDICAL HISTORY

Does the camper currently have any of the following? (Please describe):

Drug Allergies: _____

Food Allergies _____

Insect Bite Allergies _____

Special Dietary Needs: _____

Frequent Headaches: _____

Dizziness or Seizures: _____

Limitations of Activities: _____

Other Health Problems: _____

► IMMUNIZATION DATES

Measles: _____

Mumps _____

Rubella: _____

OR MMR: _____

Polio series complete: _____

Last Tetanus (DPT, TT, or TD): _____

► PHYSICIAN'S INFORMATION (Must be completed by physician)

Please print the following information

Physician's Name: _____

Telephone: _____

Address: _____

City/State/Zip: _____

I have examined the above named camper and found her to be able to participate in all activities of the Duke University soccer camp for girls.

Physician's Signature: _____

Date: _____

Print Name: _____



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Waiver and Release Statement

The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health and suffers from no serious illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant should not participate in vigorous physical activity.

I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby releases the Duke Soccer Schools for Girls, Duke University, the University Athletic Association, Robbie Church and all other employees or agents of the camp from any liability from any loss or damage or personal property, injury or illness, mental or physical suffered by the camper during or related to camp.

PARTICIPANT'S NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____