NORTHSTARS 7V7 SOCCER TOURNAMENT MEDICAL FORM

TO BE COMPLETED BY PARENT/GUARDIAN-PLEASE PRINT

Name: _____
First Initial Last

Birth Date _____ Age _____ Sex ____

Home Address _____
Street

_____
City State Zip

Email _____

Parent/Guardian _____

Cell Phone (_____)_____-_____

If not available in an emergency, please notify:

Name _____

Relationship _____ `c

Cell Phone (_____)_____-_____

HEALTH HISTORY (write approximate dates):

_____ Rheumatic Fever
_____ Hearing Impairment
_____ Visual Impairment
_____ German measles
_____ Mumps
_____ Insect/Plant Allergy
_____ Loss of Paired Organ
_____ Epilepsy
_____ Diabetes
_____ Food Allergy
_____ Asthma
_____ Dental
Appliances
_____ Chicken Pox

Fracture in the last 6 mos. _____

Surgery in the last 12 mos. _____

Seizure Disorder _____

Spinal Injury _____

Hemophilia _____

Illnesses requiring hospitalization in the last 6 mos.:

_____

Other _____

Any Restrictions _____

**Allergies (give specifics – i.e. reactions, treatments)

Bee Sting _____ Food Allergies _____

Drug Allergies_____

In Accordance with New York State Law:

Meningococcal meningitis is a bacterial illness affecting the brain. It can be spread by a cough, sneeze, kiss, sharing drinks or by any other direct contact or airborne means of transportation. Therefore, students/campers residing in small areas, such as dormitories, are at an increased risk for contracting the illness.

The signs and symptoms of meningococcal meningitis are similar to the common flue often making it hard to detect. The signs and symptoms include the following: high fever, nausea, vomiting, fatigue, headache, stiff neck/back, skin rashes and confusion. Frequently not all signs and symptoms occur, and the illness may progress rapidly. Treatment of meningococcal meningitis is antibiotic therapy.

A vaccination is available, and is an effective way to help prevent meningococcal meningitis, although any vaccine is not an absolute guarantee. There are rarely side effects associated with this vaccination. Le Moyne College summer camps will not provide the meningitis vaccine. Contact your family care provider for information regarding availability and associated costs of the vaccination.

I, the parent of legal guardian have received, reviewed and understand the above information regarding meningococcal meningitis and my son/daughter has either received the immunization with 10 years preceding or has elected not to obtain the immunization against meningococcal meningitis.

Signature _____ Date _____

PARENTS AUTHORIZATION: This health history is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted by me.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director/camp health director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above.

Signature _____ Date _____

PLEASE BE SURE TO READ AND SIGN THE ABOVE

Participant will not be permitted to participate in the tournament unless this form is completed.

INSURANCE INFORMATION:

As parent/ guardian, I understand the risks involved with my child attending the 7v7 Northstars Soccer Tournament, I verify he/she has no physical impairments that make him/her prone to injury. I understand and agree that LeMoyne College and its agents assume no responsibility above normal liability insurance coverage for any injury during this function. I authorize personnel to act accordingly in the event of a medical emergency. I also understand that LeMoyne College is not responsible for lost or stolen personal items.

_____ _____
Parent/ Guardian Signature Contact #