

CSI MEDICAL FORM 2018

Muhlenberg College – Sean Topping Men’s Soccer, 2400 Chew St., Allentown, PA 18104

Phone: 484/664-3383 Fax: 484/664-3035

seantopping@muhlenberg.edu

Health Form must be completed & faxed/scanned to above fax number/email address

Please fax to ATTENTION of Sean Topping – CSI

Important: All information must be on file prior to camp participation

Camper Name _____ Age _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

Mother’s Name _____ Mother’s work or cell phone # _____

Father’s Name _____ Father’s work or cell phone # _____

EMERGENCY INFORMATION:

Name of Contact Person (other than parents) _____

Telephone # _____ Relationship to camper _____

List ANY Allergies (**Medication, Food, Environmental**)

List ANY Medications being taken (**include DOSAGE and PURPOSE for MEDICATION**)

List ANY Orthopedic or Head Injuries **WITHIN THE PAST YEAR** & Describe Nature/Severity of the Injury (include Date of injury)

Family Physician _____

Telephone # _____

Address _____

Date of Last Physical Exam _____

Date of Lasts Tetanus Booster _____

Health Insurance Company _____

Health Insurance Address _____

Health Insurance Group & Policy #'s _____

Name of Person who is Primary Holder _____

I understand that I am financially responsible for any medical bills incurred by my child while at camp. In case of emergency, I grant permission for my child to be given emergency treatment by the appropriate medical personnel. In consideration of participation of my child in the College Soccer Id Camp activities at Muhlenberg College, on behalf of myself, my heirs, executors, administrators, successors, or assigns, I hereby release and forever discharge College Soccer Id Camp and Muhlenberg College, its agents, servants, and employees of and from any and all manner of actions, causes of actions, suits, damages, claims and demands, on account of personal injury, including death, or any cause whatsoever, which I may have against them by reason of or arising out of participation in the College Soccer Id Camp activities.

Signature of Parent/Guardian _____ Date _____