

MEDICAL CLEARANCE FORM

*Parent or Guardian - **the Medical Clearance Form must be completed by the physician for the participant and accompanied by an attached copy of a current physical and returned to Sports International for your participant to attend camp. All examinations must be conducted by a licensed M.D. or D.O., however the medical examination may be conducted by a P.A., or N.P. as long as the certification is cosigned by the overseeing physician (M.D. or D.O.) Examinations performed by an R.N., chiropractor, physical therapist, alternative practitioner, or other medical services provider will not be accepted. Please ensure that your provider signs this Medical Clearance Form with their credentials clearly visible. NJ and MA academies must also include a copy of the participant's immunizations. Please make sure to inform the athletic training staff at registration of any medication the camper will need to take during camp.***

Camp Attending: _____

Camper's Name _____ **Date of Birth** _____

***Please ensure you are providing the following:**

A copy of a physical examination conducted by the physician for the participant from the past 12 months with all information below included in it is attached to these forms. *(do not mail the original physical - it will not be returned to you). Please be sure to fill out and sign the Parent/Guardian section at the end of this form.*

The below form has been completed and signed by the physician for the participant. *Please be sure to fill out and sign the Parent/Guardian section at the end of this form.*

Medical Insurance Information: Are you insured? Yes No

Insurance Company: _____ **Insurance Phone # ()** _____

Policy Holder Name: _____ **Insurance Policy Number:** _____

Group Name: _____ **Date of Coverage:** _____

Other Information: _____

Please complete the following and **list any information and/or necessary treatments or medications that will assist our staff of athletic trainers.**

Please list any health problems, allergies, or barriers to learning we should be concerned with including previous significant injuries, current medical treatment, and/or allergies to medications:

List all medications the participant takes and list what each medication is taken for

When was the camper's last tetanus shot: ____/____/____ (month/year)

(Over) **Comments, concerns and/or explanations:**

I am the physician for the participant child attending camp. I have reviewed the above-named child's medical history and completed a physical examination. Based on my examination of the child's health and medical condition, I make the following recommendation for participation in football camp:

Full Participation

***Limited Participation**

No Participation

Physician's name (print)

Physician's signature

____|____|____
Date

*If Limited Participation please list details below:

As the child's parent/ guardian I have filled out the information requested to the best of my ability and I understand that I must sign this form before uploading it, along with a copy of a recent physical.

******No camper will be allowed to participate without the completion of this form.******

Parent/Guardian Signature _____ Date -----

Print Name _____

Primary Phone Number: _____

Secondary Phone Number: _____

Please upload the completed form to your account online prior to the start of camp. If you are unable to upload you may also mail to:

Sports International

207 Tillbrook Ln. Harrison City, PA 15636

Please note that anything being mailed must be post marked 30 days prior to the start of camp to ensure it is received by staff. If necessary, this form may also be brought to camp although we strongly encourage you to complete ahead of time and upload online.