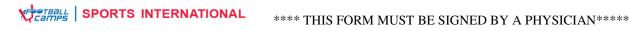
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MEDICAL CLEARANCE FORM

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:	
with all information below included in it is attached	the physician for the participant from the past 12 months d to these forms. (do not mail the original physical - it will red sign the Parent/Guardian section at the end of this form.
[] The below form has been completed and signed out and sign the Parent/Guardian section at the er	d by the physician for the participant. <i>Please be sure to fill</i> and 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

**** THIS FORM MUST BE SIGNED BY A PHYSICIAN*****

When was the camper's last t	etanus shot:/(mor	nth/year)
(Over) Comments, concern	s and/or explanations:	
medical history and comple	,	ve reviewed the above-named child's on my examination of the child's health reparticipation in football camp:
[] Full Participation	[] *Limited Participation	[] No Participation
Physician's name (print)	Physician's signature	ll Date
*If Limited Participation pl	ease list details below:	
of my abili with a cop	. •	out the information requested to the best gn this form before uploading it, along appletion of this form. *****
Parent/Guardian Signat	ure	Date
Print Name		
Primary Phone Number	:	
Secondary Phone Num	ber:	

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.