



Rev. G. Scott Shaffer
Director

Dr. Edward G. Gere
Principal

Eileen McCullion
Assistant Principal

Kathleen D'Andrea
Vice Principal

SPORTS CAMP MEDICAL INFORMATION FORM

Name: _____

Sport: _____ Grade in Sept. _____

Date of last physical exam: _____

Since the student's most recent physical exam:

Did your child receive treatment for illness or injury? Yes _____ No _____

Does your child have any restrictions due to injury? Yes _____ No _____

If yes, did the physician give a note of permission

to return to sports? Yes _____ No _____

Do you feel that your child is physically able to

participate in this sport? Yes _____ No _____

Does your child take daily medications? Yes _____ No _____

Please list: _____

Does your child carry an Epipen or Auvi-Q for allergies? Yes _____ No _____

If yes, does your child know how to administer it? Yes _____ No _____

What is your child allergic to? _____

Child's Physician: _____

Physician's Phone Number: _____

Parent Signature: _____

Date: _____