

Medical Information Request
Panther Summer Sports Camp
(For use by camp medical staff only)

Dear Parents:

It is extremely important that our camp staff know about any allergies, medications and/or physical limitations that your child may have. We will provide the safest environment for each camper, but due to the physical nature of soccer our counselors need to be educated as to each camper's special needs in case of an emergency. In the space provided please give any pertinent information about your child's health. All information will be kept confidential and will only be seen by the camp director and camp medical staff.

Camper's Name: _____ **Age:** _____

Brief Medical History:

What allergies does your child have? _____

What medications will your child be bringing to camp? _____

What is the medication for? _____

What time do they need to take their medication? _____

Has your child ever had any kind of seizure? If so, give a brief description. _____

Any other ailments/injuries that you feel we should know about? _____

**PLEASE COMPLETE THIS FORM AND MAIL ALONG WITH A COPY OF YOUR CHILD'S
IMMUNIZATION RECORD UPON RECEIPT**

I confirm that my child is physically able to participate in the Panther Sports Camp at TC3 and that my child is covered by current health insurance.

Parent or Guardian

Date