

**NEW YORK ELITE ID CAMP  
MEDICAL INFORMATION**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Medical Insurance Carrier (Company and Policy Number):  
\_\_\_\_\_

**Circle answers:**

- Y N Have you ever experienced an epileptic seizure or been informed that you might have epilepsy?  
Y N Have you ever been treated for diabetes?  
Y N Have you ever been told you have a heart murmur?  
Y N Have you ever been "knocked out" or experience a concussion during the past three years?  
If yes, give dates: \_\_\_\_\_  
Y N Do you wear contact lenses? If yes, do you wear them during athletic participation? Y N  
Y N Have you had a fracture during the past two years?  
If yes, indicate area and dates: \_\_\_\_\_  
Y N Have you experienced a severe sprain, dislocation or other orthopedic problem?  
If yes, indicate area, problem and dates: \_\_\_\_\_  
Y N Have you had any surgery during the past year?  
If yes, indicate area and dates: \_\_\_\_\_  
Y N Have you ever been advised by a medical doctor not to participate in sports?  
If yes, for what reason? \_\_\_\_\_  
Y N Are you currently on any medications? If yes, please list: \_\_\_\_\_  
Y N Do you have any allergies? If yes, please list: \_\_\_\_\_  
Y N Are you allergic to any general medications? If yes, please indicate: \_\_\_\_\_  
Y N Have you had a tetanus shot? If yes, when? \_\_\_\_\_

Please list any other pertinent medical information: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Parent/Guardian) (Street Address)

city of \_\_\_\_\_, county of \_\_\_\_\_, state of \_\_\_\_\_, have legal custody of \_\_\_\_\_, a minor, age \_\_\_\_\_ years, born \_\_\_\_\_, who resides with me at the address set forth above. I authorize Erik Ronning and/or Shawn Griffin as administrators of the soccer camp to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care necessitated by injury or illness incurred while the above named child is attending the soccer camp. Such treatment is to be rendered to the minor under the general or special supervision and on the advice of a physician or surgeon licenced to practice in the state of New York. I also certify that \_\_\_\_\_ is in good health and able to take part in the New York Elite ID Camp.

\_\_\_\_\_  
Parent/Guardian Signature Date