2019
CAMP APPLICATION
MEDICAL FORM

WESTERN NEW ENGLAND
SOCCER ACADEMY

****This Medical form can be substituted by your child's Healthcare Provider Form****
If you do not have a medical form from your doctor, please fill out the information below

SECTION III: Physical Examinations

(Must have been done by a medical provider within the preceding 24 months).

Medical History: (Please note significant disorders)

Allergies_____ Heart_____ Tuberculosis_____

Kidney_____ Lung_____ Diabetes _____

Varicella _____ Disabilities_____ Neurological_____

Whooping Cough_____ Other:_____

Pertinent Medical History:_____

_____

Child Name:_____ Birth

Date:_____ Summary

of Significant Treatment Program including Names/dose of Medications

to be used while at program:

(Medications MUST be in a container with the original label)

Health Care Provider/Physician:

_____

Signature and /or Stamp Required

Date:_____

Printed Name:_____

Address:_____

City:_____

State_____ Zip_____Telephone: (_____) _____

Person herein described has permission to engage in all prescribed camp activities

EXCEPT as noted here:

SECTION IV: Immunizations

Has completed primary series of tetanus/diptheria? (four doses)

Yes_____ No_____

Primary Series - Type of Vaccine OVP IPV E-IPV _____/_____/_____

Laser Booster - Type of Vaccine OVP IPV E-IPV _____/_____/_____

Immunization	Dates
Diptheria/tetanus (Td) Must be within last ten years	_____/_____/_____
Measles #1 (Rubella, Red measles) Must be AFTER age 12 months or	_____/_____/_____
MMR #1 or Positive Measles Titer (Blood Test)	_____/_____/_____
Measles #2 (rubella, Red Measles) Must be at least 30 days AFTER first dose or MMR#2	_____/_____/_____ _____/_____/_____
Mumps or MM#1 Must be AFTER age 12 months or Positive Mumps Titer (Blood Test)	_____/_____/_____ _____/_____/_____
Rubella (German Measles) or MMR #1 Must be AFTER age 12 months or Positive Rubella Titer (Blood Test)	_____/_____/_____ _____/_____/_____
Hepatitis B - those born AFTER 1-1-92 Dose #1 Dose #2 Dose #3	_____/_____/_____ _____/_____/_____ _____/_____/_____

Medical Exemption: The above named person does not have one or more of the required immunizations because she/he has medical problem (s) that precludes the _____ _____ vaccine (s).

We Provide

Experienced Coaches • Indoor and outdoor facilities • Superior Soccer Fields • T-shirt for Every Camper* • Certified Athletic Trainer on Staff • Swimming Pool with Life Guards on duty • Lunch • The most Instructional time of any area day camp! •

You Supply

An attitude to Learn! • Cleats or Sneakers • Shin Pads • Soccer Ball • Swim Gear and Towel • Indoor Shoes in Case of Rain.

Please Print and Complete MEDICAL FORM

Mail With Check Made Payable To: Western New England Soccer Academy

114 Evergreen Drive East Longmeadow, MA. 01028