

Players Name \_\_\_\_\_ DOB \_\_\_\_\_

List any medical conditions/drug/food allergies \_\_\_\_\_

\_\_\_\_\_

Medication taken on regular basis \_\_\_\_\_

I \_\_\_\_\_ give my permission for CCCA staff to obtain medical care for \_\_\_\_\_ if necessary.

Mom's Phone Number Cell \_\_\_\_\_ Work \_\_\_\_\_

Home \_\_\_\_\_

Dad's Phone Number Cell \_\_\_\_\_ Work \_\_\_\_\_

Name and phone numbers **In Case Parents cannot be reached first for an Emergency**

\_\_\_\_\_

Medical Insurance Name \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Insurance Phone # \_\_\_\_\_

CCCA Staff has my permission to administer Acetaminophen (Tylenol) 500mg or Ibuprofen (Advil/Motrin) 400mg for pain. Yes \_\_\_\_\_ No \_\_\_\_\_

List any medications that your athlete needs to take during camp. It must be labeled with their name and in original container with dose and time.

\_\_\_\_\_

\_\_\_\_\_

Any other information that would be helpful \_\_\_\_\_

\_\_\_\_\_

Parent's Signature/Date \_\_\_\_\_

Form Valid for 2008-2009 School Year Only