

**ROB RYERSON SOCCER CAMP**  
**MEDICAL HISTORY/INFO FORM**

**June 20-23, 2018**

**Camper Name:** \_\_\_\_\_

**ROOMATE(s) REQUEST:** \_\_\_\_\_

\_\_\_\_\_

**Medical Information:**

*As a participant in a program run by the Rob Ryerson Soccer Network Inc., my child is in good health and has my permission to participate in all camp activities. In case of an emergency, I grant permission for my child to be given treatment at a local hospital. The Rob Ryerson Soccer Network, Inc. assumes no responsibility and will not be held liable for any accident resulting in medical, dental, or other expenses.*

*Parents Signature:* \_\_\_\_\_

*Parent/Guardian Name and Emergency #* \_\_\_\_\_

***Parent/Guardian (2) Name and Emergency #*** \_\_\_\_\_

*Insurance Company's Name:* \_\_\_\_\_

*Insurance Policy Number:* \_\_\_\_\_

*Date of most recent tetanus shot:* \_\_\_\_\_

***Name of the school your child attends:*** \_\_\_\_\_

**Medical History**

*Are there any of the following issues of concern. If so, please explain.*

*Medical Issues:* \_\_\_\_\_

*Psychological Issues:* \_\_\_\_\_

*Psychiatric Issues:* \_\_\_\_\_

*Medication Issues:* \_\_\_\_\_

***Please complete and mail to the address below by June 1, 2018:***  
***Rob Ryerson Soccer Camp, PO BOX 1183 Columbia, MD 21044***