

**CUW Insurance/Medical Form - Do NOT mail this form! Bring it to camp**

\*ALL INFORMATION ON THIS FORM SHOULD BE COMPLETED FOR IMMEDIATE PATIENT CARE

Name of Camper	Date of Birth
Street Address	City
State	Zip Code
Father's Name	Father's Phone # (     )     -
Father's Employer	Father's Date of Birth
Father's Social Security Number *	Insurance Company
Address of Insurance Company	Policy #
Group #	Mother's Name
Mother's Phone # (     )     -	Mother's Employer
Mother's Work Phone # (     )     -	Mother's Date of Birth
Mother's Social Security Number *	Insurance Company
Insurance Company Address	Policy #
Group #	Neighbor/Relative Name
Neighbor/Relative Phone #	
Allergies (please list)	Medications (please list)

Please list all recent sports-related injuries, current status, and current treatment:

Date of last tetanus shot, if available:

Doctor's Name:	Doctor's Phone (     )     -
Doctor's Address:	

As a parent or guardian of \_\_\_\_\_ I consent to the prompt emergency medical care administered to the aforementioned member of my family in my absence. In doing so I release the administering facility and/or individual from responsibility for medical/surgeries performed.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

Parent/Guardian \_\_\_\_\_

**DO NOT MAIL THE MEDICAL FORM! BRING IT WITH YOU TO CAMP!**

**CUW Insurance/Medical form (Page 2)**  
**Do not mail this form. Bring it along to camp.**

Concordia reserves the right to refuse admittance to our Falcon Soccer camps if the information asked for on the reverse side is not completely provided. State law requires that much of the information that we are requesting be known in case a minor needs to be treated by emergency medical personnel.

It is the parents' responsibility to see that the boy or girl enrolled at camp is physically capable of attending camp. Even after extensive precautions are taken, accidents and illness may happen for which Concordia does not assume the responsibility. In case of illness or accident, the camper shall have immediate and competent medical care.

We, the parents or guardians of: \_\_\_\_\_  
hereby grant permission to the physicians to treat any medical or surgical emergencies that may arise, while my son / daughter is at camp.

*I have read and agree to all the above:*

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(signature of parent or legal guardian of the camper named above)

**You MUST have this form completed and with you at registration in order to participate.**

Parents:

We will have an athletic trainer at the registration table on the morning or afternoon of registration. Please feel free to tell them about specific medical issues relating to your child at that time. We will be happy to store medication or provide special attention as needed.