

James Madison University Summer Football Camp

Medical Information Form

I, _____ (**Parent Name**), hereby certify that I am the parent or legal guardian of the camper _____ (**Camper Name**). I understand the risk of injury that can occur through physical activity and sport. To the best of my knowledge, my son/daughter is healthy and does not have ANY medical reason to not participate fully in all of the camp activities. All known allergies, illnesses, or current injuries shall be listed below so that all medical staff can be aware and help treat them in case of an injury. I also give permission for the camp staff to seek appropriate medical attention and treatment for my son/daughter.

Please list any Allergies _____

Please list any current medications _____

Please circle **yes or no** to the following questions

Please explain any yes answers in the space below

Explain yes answers

Have you an injury or illness within the last year	yes	no	_____
Have you been hospitalized within the last year	yes	no	_____
Have you had surgery in the last year	yes	no	_____
Have you suffered a head injury or have knocked unconscious in the last year	yes	no	_____
Have you ever suffered a concussion	yes	no	_____
Do you suffer from asthma	yes	no	_____
Are you currently using an inhaler	yes	no	_____
Have you ever suffered from heat illness	yes	no	_____
Are you currently injured or rehabbing an injury	yes	no	_____

Date of last athletic physical _____

Printed Parent Name

Signed Parent Name & Date

Emergency Contact Number: _____