

PROTEGE99

FOOTBALL PROGRAM

DOCTOR & MEDICAL INFORMATION

A child may not have any medications in his/her possession at camp. This includes over the counter medication. All medication must be given to and held by a PROGRAM NAME Staff member, who will administer medication (s) according to written instructions. All medications must be in the original pharmacy container.

Doctor Practice/Office Name: _____

Family Doctors Name: _____ Phone: _____

Insurance Provider/Medicare No: _____

List any foods your child is **allergic** to: *(please do not include foods not liked)*

List any medications your child is prescribed:

++Include in medications your child has inhaler and/or epi-pen.

Print Participant Name: _____ Age: _____

Parent Signature: _____ Date: _____

Parent Phone: _____