



MEDICAL HISTORY  
AND TREATMENT

PARENTAL CONSENT FORM

Important: Each person who attends the Our Lady of the Lake University (OLLU) Soccer Camp must have this form completed in full, on their behalf by a parent or legal guardian, if younger than 18 years of age.

Sections A-C: To be filled out by parents (please print)

Section D: To be filled out by Parents or Family Physician (a physical is not required)

SECTION A:

Name of participant: \_\_\_\_\_

Birthday: \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

Age: \_\_\_\_\_ Height: \_\_\_\_\_

Parent or guardian's name: \_\_\_\_\_

Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

SECTION B: (Participant must be covered by an existing health insurance policy)

Name of company: \_\_\_\_\_

Phone number: \_\_\_\_\_

Medical insurance policy number: \_\_\_\_\_

SECTION C: (Medical Treatment and Liability Release)

I/we, the undersigned parent or guardian, do hereby grant my permission for my son/daughter to attend the OLLU Summer Soccer Academy and fully participate in all activities thereof. In order that my son/daughter receive the necessary medical treatment in the event of an injury or illness, I hereby authorize OLLU to obtain medical treatment for my child for such an injury or illness during camp, and hereby release and agree to hold harmless OLLU, the OLLU Athletic Department, their agents, employees and representatives from any and all claims and liability arising in any way out of their exercise of this authority. I understand and agree that all bills are for medical care and treatment will be forwarded to me or my insurance company, and that it will be my responsibility to see that bills are paid.

I/we further acknowledge, understand and agree that in participating in the camp, there is a possibility of physical injury or illness and that my son/daughter is assuming risk of such injury by their participation.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION D: (Medical History Information)

Date of last tetanus injection: \_\_\_\_\_

Please circle diseases camper has had: Mumps Measles  
Polio Chicken Pox

List any allergies: \_\_\_\_\_

Is the camper allergic to any medication? Circle: Yes No

If yes, please explain: \_\_\_\_\_

Is the camper under the care of a physician or taking any medication? Circle: Yes No

If yes, please explain: \_\_\_\_\_

Does the camper have any of the following frequently or is he/she a victim of any of the following: Circle all that apply.

Nosebleeds Rupture Ear Aches  
Stomach Cramps Epilepsy Heart Condition  
Sore Throats Diabetes Heat Exhaustion

Has the camper been hospitalized? Yes No

If yes, please explain: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Family physician's name: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_



For ages 4-18  
2010 SUMMER SOCCER CAMP

OLLU  
OUR LADY OF THE LAKE UNIVERSITY  
411 S.W. 24TH ST.  
SAN ANTONIO, TX 78207



2010  
SUMMER  
SOCCER CAMP

For ages -18