

**Zach Strief "Dream Big" Foundation
Football Camp**

(In conjunction with Milford High School)

Medical Report/Release

(Please Print)

Name (Print) _____
Last First Middle

Home Address _____
Street City State Zip

Date of Birth _____ Grade (Fall 2009) _____
Mo/Day/Yr

Home Telephone _____

Parent/Guardian Information Relationship _____

Name (Print) _____
Last First

Home Address _____
(If different) Street City State Zip

Home Phone _____ Work Phone _____

Cell Phone _____

If above person is unavailable, contact _____ in case of emergency.

Telephone _____

Personal Physician _____ Phone _____

Insurance Carrier _____ Policy # _____

* Is Camper now under treatment for any medical or psychological condition? Yes No

If yes, please explain: _____

* Please list any daily and routinely taken medications of which the Camp Staff should be aware.

* Does Camper have allergies to medications or other sensitivities? Yes No

If yes, please explain.

* Does Camper have any other special health care concerns of which the Camp Staff should be aware?

Yes No

I hereby grant permission to the staff of the Zach Strief "Dream Big" Foundation Camp and the Athletic Trainer of Milford High School to arrange for health care, emergency treatment or hospitalization at an accredited hospital or other medical, psychological or dental care facility when considered necessary.

I also grant permission to the staff of the Zach Strief "Dream Big" Foundation Camp and the Athletic Trainer of Milford High School to render any health care or emergency treatment needed to my son/daughter/ward.

Date _____

Signature _____

Parent /Guardian