

# O-D Medical Form

This form must be turned in during registration at camp. If you have a copy of the physical, fill out insurance information, sign, and attach a copy of a school/football physical dated not more than one year ago from the last day of camp.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Exam: \_\_\_\_\_ (Valid for 1 year)  
Please indicate which camp location attending: \_\_\_\_\_

**To be completed by physician or attach copy of school exam:**

Height: \_\_\_\_\_ Appearance: \_\_\_\_\_  
Weight: \_\_\_\_\_ Skin: \_\_\_\_\_  
B/P: \_\_\_\_\_ Respiratory: \_\_\_\_\_  
Pulse: \_\_\_\_\_ Cardiac: \_\_\_\_\_

**Detail limitations, conditions, or regular medications (OTC or RX)**

\_\_\_\_\_  
\_\_\_\_\_

I have recently examined the above named camper and find him to be in good physical condition and fully able to participate in the activities of Offense-Defense Football Camps.

**Medical Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>INSURANCE</b>		
Major Medical Insurance Company	_____	
Policy #	State	Holder

**IMMUNIZATION RECORDS REQUIRED FOR ALL NEW YORK AND NEW JERSEY CAMPERS - FORMS MUST BE BROUGHT TO CAMP ON THE FIRST DAY**

**PARENTAL PERMISSION WAIVER**

I hereby authorize the staff of O-D Sports, its directors, agents, athletic trainers, and hospital to act for me in accordance with their best judgment in any emergency requiring medical attention. I hereby waive and release O-D Sports, its employees, sponsors, suppliers and facilities from any and all liability in excess of \$3000 (\$500 deductible) for expenses incurred due to sickness or accidental injury sustained while participating in camp activities. I know of no mental or physical problems that might adversely affect my child's ability to participate. I hereby grant O-D Sports permission to use any photographs or video of my child for promotional purposes.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*EMERGENCY NUMBER WHILE CHILD IS AT CAMP\*\*\*\*\*

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**YOU CANNOT BE ADMITTED TO CAMP WITHOUT THIS FORM  
BRING THIS FORM WITH YOU TO REGISTRATION ON THE FIRST DAY OF CAMP**