

Subject

Basketball Camp Health Statement

Please, remember that —as specified on the Web site— to attend the basketball camp each camper must have a medical certificate that de clares the suitability to play basketball.

Please be sure to send us a health statement. It must be signed by a physician and dated within 12 months before the first day of the camp indicating if your son or daughter is in good physical condition to play basketball.

If you do not have this document yet, you can find an example on the following page.

Please, remember that if your kid needs medication you have to send medication in its original container, along with explicit dosage instructions to the camp nurse or healthcare facility. A signed medical-rele ase form should accompany all prescription medication (in English or Spanish).

If the camper has glasses or contact lens, bring 2 glasses, two lens sets and contact lens cleaner.



Basketball Health Statement model

(To be filled out by a physician)

Date						
Name of the Camper					_	
Date of birth						
Address					_	
City					-	
Guardian's Name						
Occupation						
Phone Number						
Emergency Phone Numb	oer					
		Normal	Ab	normal	Comm	ents
Eyes						
Ears						
Nose						
Throat						
Lungs Heart						
Blood Pressure						
Previous Injuries: (list)_ Allergic Reactions:						
Medication Needed:						
Date of Last Tetanus:	Oth	ner Instruct	ions:			-
Medicine brought along Camper may use Tyleno	to camp:	20				
Camper may use Tyterio	it. [] yes []	110				
Physician Name						
Signature of Physician_						
I authorize the medical diagnostic and/or medic or specialist care.						
Parent's or Guardian's S	Signature					

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