

# **East Coast Soccer Academy**

[www.eastcoastsocceracademy.com](http://www.eastcoastsocceracademy.com)

## **East Coast Soccer Academy Camp Consent Form**

### **Medical Consent**

I, \_\_\_\_\_, give the staff of East Coast Soccer Academy (ECSA) permission to treat my child, \_\_\_\_\_, for illness and injuries incurred while at camp.

I also give permission for the staff of ECSA to relate pertinent health information, as related to play status, to one another. Said medical information is not to be shared outside ECSA staff, unless it is to medical professionals in the case of emergency treatment.

I also give permission for the staff of ECSA to assist my child in taking prescription medications as directed by the prescribing physician. A copy of the physician's prescription is enclosed with all camp forms.

My child does/does not have any pre-existing medical conditions. Any pre-existing conditions are listed and described below (please include dates of surgery, treating physician information, required regular treatments and limitations).

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