



Date	
Subject	Zadorspain Camps Health Statement Form

Please, remember that –as specified on the Web site– to attend the basketball camp each camper must have a medical certificate that declares 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-release 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.

## ZADORS PAIN SUMMER CAMPS

Contact address: Avenida de la Constitución, 14 – 1º – Tel.: 34 965 142 371

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

[alicante@zadorspain.com](mailto:alicante@zadorspain.com) or [infoalicante@zadorspain.com](mailto:infoalicante@zadorspain.com)

# Summer Camps Health Statement model

(To be filled out by a physician)

Date \_\_\_\_\_

Name of the Camper \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

	Normal	Abnormal	Comments
Eyes			
Ears			
Nose			
Throat			
Lungs			
Heart			
Blood Pressure			

Previous Injuries: (list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergic Reactions: \_\_\_\_\_  
\_\_\_\_\_

Medication Needed: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_ Other Instructions: \_\_\_\_\_

Medicine brought along to camp: \_\_\_\_\_

Camper may use Tylenol: [ ] yes [ ] no

Physician Name \_\_\_\_\_

Signature of Physician \_\_\_\_\_

I authorize the medical staff at ZadorSpain or others to whom my son/daughter is referred, to provide appropriate diagnostic and/or medical care during the camp program. I am to be contacted prior to further diagnostic, surgical, or specialist care.

Parent's or Guardian's Signature \_\_\_\_\_

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