STARS 'N STRIPES INTERNATIONAL SOCCER TOURS - 2023

361 Cambridge Drive Fairview, TX 75069 Tel – 214-718-9963

Website – WWW.STARSNSTRIPESSOCCER.COM Email – EPuskarich@gmail.com

MEDICAL INFORMATION

Dear Parent and Guardian,

Stars 'n Stripes International Soccer Tours take the supervision and safety of players very seriously. Coaches and trainers are selected not only for their knowledge of the Sport but also for their abilities to use encouragement and discipline in constructive ways.

Stars 'n Stripes prepares for most medical situations on every tour. Often, a certified athletic trainer accompanies the tour or medical attention is available at each of our locations overseas. In the event a medical situation arises, Stars 'n Stripes carries proper medical forms such as; medical history, Dr. Statement of physical fitness, players medical insurance, and an authorization to travel with a minor form.

Proper preparation for the upcoming tour is essential for an injury free experience. Parents and players can do their part by following a sensible, nutritional diet for several months prior to the tour. Also, please encourage and oversee that your child is physically fit for the rigors of athletic competition. Countless illnesses and injuries may be avoided if athletes will only heed this advice.

Unfortunately, not all injuries are preventable. When they do occur, it is the athletic trainer and staff coach's duty to provide immediate first aid, make an assessment of the injury, and where there is a question as to a player's health due to the injury or illness, and accompany the athlete to local hospitals or Dr.'s offices for appropriate treatment.

In order to provide the best possible care for your child, it is necessary that ALL of the enclosed forms be Completed and Returned to Stars 'n Stripes by the due dates. This will allow the Stars 'n Stripes staff enough time to read over the forms and prepare for the tour.

Please complete medical pages 2, 3, 4 and return to Stars 'n Stripes by June 1st. Please note that a physical is not required outside of your family doctor filling out the proper form below.

Make a copy of your insurance card, front and back, and send along with the forms below.

Sincerely,

The Stars 'n Stripes Staff

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MEDICAL HISTORY FORM

Last Name (Print)	First Name	Middle	Date of Birth	Sex (M or F)
Home Address		City	State	Zip
Name next of Kin/Guardian	Hom	e Address		Home Phone
1. Name of Contact in case of Em	nergency	Ce	ll Phone	Home Phone
2. Name of Contact in case of Em	nergency	Ce	ll Phone	Home Phone
Health Ins. Carrier			Phone Number	
Policy Number				
the medical forms! Immunizations: Tetanus Polio Measles/Mumps/Rubella Haemophilus type B Hepatitis B Allergies:				
Current Medications:				
Current Medical Problems/Illness	being treated by	a Physician:		
Past Medical Problems treated by	a Physician:			
Other Medical information that sta	aff should be ma	de aware of:		

MEDICAL HISTORY FORM CONTINUED

Hospitalizations:			
Surgeries:			
Yes No	Have you ever had any	of the following?	
		ciousness/seizure/migraine headaches ortness of breath/pneumonia	
		tions/rheumatic fever/high blood pressure	
		ers/hernia/gallstones/mononucleosis	
		tract infection/missing testicle	
	6. broken bone/dislocation	on/sprain/muscle pull	
	7. fainting/heat stroke/l		
		/sickle cell/bleeding disorder	
	9. neck pain/"burner"/b		
	10. loss of vision/glasse	s/loss of hearing/hearing aid	
	11. blood transfusion/bl	ood disorder	
Medical Emergency Authoriza	ation;		
	ns to proceed with any critic	s program, I hereby authorize the coaches, tra al medical or surgical treatment required for a made.	
I hereby give authorization for;			
- 1.01.00 y g 0 00000011111110011 101,		r's Name)	
Signature of I	Parent or Guardian	Date	
Medication Administration A	uthorization:		
		on to give my child/ward over-the-counter meally prescribed for my child/ward.	nedications stocked in the
YES	NO	(Circle One)	

Please attach a copy of your insurance card, front and back, to the back of this form, please!

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PHYSICIAN'S STATEMENT OF PHYSICAL FITNESS

I hereby certify that		is physically fit to			
	(Player's Name)	me)			
	nternational Soccer Tour. He/She is Please note any exceptions below:	free of any present illness or conditi	on which might		
Signature of Physician		Date			
Name of Physicia	n				
		T 1 4 11			
Address		Email Address			
City	State	Zip			
Work Phone	Emergency Phone	Fax Number			