

STARS 'N STRIPES INTERNATIONAL SOCCER TOURS - 2023

361 Cambridge Drive Fairview, TX 75069

Tel – 214-718-9963

Website – WWW.STARSNSTRIPESOCCER.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 Home Address Home Phone

1. Name of Contact in case of Emergency Cell Phone Home Phone

2. Name of Contact in case of Emergency Cell Phone Home Phone

Health Ins. Carrier _____ Phone Number _____

Policy Number _____

(Note: Please ensure that this policy covers foreign travel.) Please copy front and back of Insurance Card and submit with the medical forms!

Immunizations: Date Completed/Last Booster _____

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 staff should be made aware of: _____

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PHYSICIAN'S STATEMENT OF PHYSICAL FITNESS

I hereby certify that _____ is physically fit to
(Player's Name)

participate in the Stars 'N Stripes International Soccer Tour. He/She is free of any present illness or condition which might prevent him/her from participating. Please note any exceptions below:

Signature of Physician Date

Name of Physician

Address

Email Address

City State

Zip

Work Phone

Emergency Phone

Fax Number