

Are there any behavioral, emotional, or mental health issues we should be aware of?

Are there any additional medical issues we should be aware of?

Camper Identifying Information:

Eye color: _____ Hair color: _____ Height: _____
Weight: _____ Identifying marks: _____

Physician Information:

Name of Physician: _____
Address: _____
Telephone: _____

Name of Dentist: _____
Telephone: _____

Name of Orthodontist: _____
Telephone: _____

This health history is correct to the best of my knowledge, and the camper described has permission to engage in all camp activities except as noted.

Authorization for Emergency Treatment:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

I hereby give permission and authorize All Seasons Tennis Club staff or their designee to administer prescribed medicines, administer over the counter medicines, provide basic First Aid, and in the event of an emergency, and where necessary, to seek emergency medical treatment for my child, including ordering of x-rays or routine tests. I agree to the release of any records necessary to appropriate medical personnel and for health insurance purposes. I give permission for the staff to arrange necessary transportation for my child to a hospital or treatment center. In addition, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure and administer treatment, including hospitalization, for the above named camper.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any and all medical expenses in the event of a sickness and/or injury. This form may be copied.

Signature of Parent/Guardian

Date

Medical and Insurance Information:

Insurance Provider: _____ Policy or Group #: _____
Name of Subscriber: _____
Insurance Phone Number: _____

Dental Insurance Provider: _____ Policy or Group #: _____
Name of Subscriber: _____
Dental Insurance Phone Number: _____