



2010

SCJTL Competition Tennis Camp
Medical History Form

Location: East Islip MS: Mt. Sinai HS:

Dates of Camp/Clinic Attending: 7/5 to 7/8: 7/12 to 7/15: 7-19 to 7/22: 7/26 to 7/29: 8/2 to 8/5:

Personal Information

Name of Camper: Sex: M F Birthdate:
Name of Parent: Home Phone:
Address: Work Phone:
Cell Phone:
Family Physician: Phone Number:
Name of Person to contact in an emergency:
Relation to camper: Daytime Phone Number:
Cell Phone Number:

Authorization for Medical Care

I hereby authorize a Staff member from Suffolk County Junior Tennis League to be responsible for my son/daughter, for the purpose of medical attention. I also grant permission for an emergency physician to examine and treat, hospitalize or secure treatment for my child in the event of an emergency.

Parent/Guardian Signature: Date:

Medical History

Is child in good health: Yes No If not, please explain:
Should nature or amount of physical exercise be limited: Yes No If so, please explain:
Does child have any allergies: Yes No If so, please explain:
Is child taking any medications regularly: Yes No If so, please explain:

PROOF OF IMMUNIZATIONS ~ MUST BE COMPLETED BY YOUR PHYSICIAN'S OFFICE
NEW YORK STATE LAW REQUIRES ALL DATES FOR IMMUNIZATIONS

Diphtheria/Tetanus/Pertussis (DTP) Dates Poliomylitis (IPV) Dates
Measles/Mumps/Rubella (MMR) Dates Varicella (Chicken Pox) Dates
Haemophilus Influenzae Type (Hib) Dates Hepatitis B Dates
Pneumococcal Conjugate (PCV) Dates

Physician's office verification of immunization:
(Please use office stamp or have physician sign) Date: