

West Side Tennis Club Medical Information and Authorization Form

Player's Name: _____ **Birthday:** \ \ _____ **Sex:** _____ **Age:** _____

Parent or Guardian: _____

Home Address: _____

Telephone (Home/Work/Cell): _____

Second Parent or Guardian or Emergency Contact: _____

Home Address: _____

Telephone (Home/Work/Cell): _____

If not available in an emergency, notify: _____

Name: _____

Address: _____

Telephone (Home/Work/Cell): _____

Health History:
(check & give approximate dates)

- Frequent Ear infections
- Heart Defect/Disease
- Convulsions
- Bleeding/Clotting Disorders
- Hypertension
- Diabetes
- Mononucleosis

- DISEASE:**
- Chicken Pox
 - Measles
 - German Measles
 - Mumps

- Allergies** (date not needed)
- Hay Fever
 - Ivy Poisoning, etc.
 - Insect Stings
 - Penicillin
 - Other Drugs
 - Asthma
 - Other (please specify)

Operations or Serious Injuries:

Chronic or recurring illness or medical condition:

Dietary Restrictions:

Current Medications: (send with instructions)

Other diseases:

Name of Dentist/Orthodontist:

Phone: _____

Name of Family Physician:

Phone: _____

Do you carry family medical/hospital insurance?
YES [] NO []

If yes, indicate carrier: _____

Policy/Group #: _____

Suggestions on health related information for personnel:

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment and necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

The West Side Tennis Club One Tennis Place
Forest Hills, NY 11375
Phone: 718-268-2300 Fax: 718-268-2230
www.foreshillstennis.com

Signature of Parent or Guardian: _____

Witness: _____ Date: _____

I understand and agree to abide with the restrictions placed on my camp activities

Signature of Minor: _____