



Summer Camp at Armonk Tennis Club

Health Form



Camper's Name: _____ Age: _____ Birthdate: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Parent/Guardian 1: _____ Work #: _____ Cell #: _____

Parent/Guardian 2: _____ Work #: _____ Cell #: _____

Emergency Contact (if parent/guardian is not available): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Camper's Medical Insurance/Medicaid Number: _____

Doctor's Name: _____ Phone: _____

Is the camper, in general, in good health? Yes No

Please mark if the camper has been immunized against the following diseases (please provide doctor's records to document):

- Diphtheria Hepatitis B Measles Mumps Polio Tetanus
- Haemophilus Influenzae Type B Rubella (German Measles) Varicella (Chickenpox)

Please mark if the camper is subject to any of the following conditions:

- Asthma Drug Allergies Fainting Spells Measles German Measles Ivy Poisoning
- Diabetes Ear Infections Sleep Walking Mumps Chickenpox Insect Sting Allergies
- Convulsions Sinus Troubles Bed Wetting Hay Fever Rheumatic Fever Behavioral Problems

Operations or serious injuries (please include dates): _____

Chronic or recurring illnesses: _____

Other diseases or conditions: _____

Medications currently taking: _____

Additional information and/or physical limitations that the Camp Director should be aware of: _____

This health history form is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Signature: _____ Date: _____

Important: In order for your child to participate in the summer camp program, this form must be completed in full with parent/guardian signature and returned to the address or fax number below within one year of the first day of camp.

