

Rye Racquet Club Summer Tennis Camp 2020 Health Form

Important: This form must be completed within one year prior to camp and signed by parent or guardian before the child may begin camp. Health Forms have to be completed each summer.

Camper's Name: _____ Age: _____ Birthdate: _____ Gender: _____
 Parent: _____ Cell Phone: _____
 Home Phone: _____ Work Phone: _____
 Email Address: _____
 Address: _____ City: _____ State: _____ Zip: _____

Emergency contact:

Name: _____ Relationship: _____ Cell Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Medical Insurance/Medicaid Number: _____

Health History/ Is the health of the camper, in general, good? _____ Yes _____ No

Immunization History/Please list date(s) for the following (or email immunization record to dori@ryeracquet.com)

Diphtheria _____ Mumps _____ Rubella _____
 Measles _____ Polio _____ Tetanus _____
 Hepatitis B _____ Varicella (Chicken Pox) _____
 Haemophilus Influenza Type B _____
 Doctor's Name _____ Phone Number _____

Allergies or Sensitivity/Is the camper subject to any of the following conditions?

Rheumatic Fever	Behavior Problem	Penicillin	Mumps
Sinus Trouble	Drug Allergies	Hay Fever	Asthma
Ear Infection	Fainting Spells	Chicken Pox	Other:
Convulsions	Ivy Poisoning	German Measles	
Diabetes	Insect Stings	Measles	

Operations or Serious Injuries (Dates): _____
 Chronic or Recurring Illness: _____
 Other Diseases: _____

Please provide any other additional information and/or physical limitations that you want the Camp Director to be aware of. If the camper has any physical or medical problems, food allergies, or is on medication the office and the Camp Director must be notified.

Parents Authorization

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 to order injection, anesthesia or surgery for my child as named above.

Signature _____ **Date** _____

(Must be signed)