



Medical History, Relevant information and Authorization for Treatment Form

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth (MM/DD/YR) _____ Gender: _____ Identifying Marks _____

Please list at least one emergency contact in the event parent/guardian is not able to be reached.

1) Emergency Contact: _____ Contact Phone: _____

2) Emergency Contact: _____ Contact Phone: _____

Physician or Health Care Provider Information

Name of Health Care Provider: _____ Phone: _____

Insurance Information

Policy Holder Name: _____ Insurance Provider: _____ ID #: _____

Does your child have any of the following? Please circle all that apply.

ADD, ADHD

Individual Education Plan (IEP)

Asthma

Lactose Intolerance

Behavioral Difficulties

Migraines

Developmental Delay

Psychological Problems

Diabetes

Seizures

Gastric Problems-Constipation

Skin Conditions

Incontinence

504 Plan for school

Allergies

Please circle all that apply and list reaction and indicate level of severity. (Please circle one.)

Environmental _____ Mild – Moderate - Severe

Food (Please be specific) _____ Mild – Moderate - Severe

Insect Bite/Bee Sting _____ Mild - Moderate – Severe

Medications _____ Mild – Moderate - Severe

Other _____ Mild – Moderate - Severe

If an allergy to food or medicine were identified, please list food or medication associated with allergy.

Medications

Please list all medications your child is currently taking. Please include Inhaler for Asthma and EpiPen for allergies.

Medication _____ Dose _____ Frequency/Time(s) _____

Medication _____ Dose _____ Frequency/Time(s) _____

Medication _____ Dose _____ Frequency/Time(s) _____

Medication _____ Dose _____ Frequency/Time(s) _____

Is there any additional information that would be helpful in support of your child having an enriching and fulfilling experience for example, life altering; behavior management/self-regulation; self-care; coping strategies or accessing information. (Use back of page if more space is needed.)

If parent(s)/guardian are traveling away from home while child is enrolled in camp, parent must provide contact information for individual for whom their child is in the care of while away. In the event of an emergency, I understand that my signature gives authorization for the above listed individual, caring for my child to give consent to emergency medical care and/or treatment.

Name of individual caring for camper: _____ Cell: _____

Departure date of parent: _____ Return Date: _____

Parent Signature

Date



Authorizations

Authorization for Oral Medications or Topical Treatment: I hereby authorize a Sportsmen's Health Care Provider or designated staff member to give my child Acetaminophen (Tylenol); Ibuprofen (Motrin/Advil); Diphenhydramine (Benadryl) or apply Anti-Itch creams, sunscreen, bug repellent and hand sanitizer on an ("as needed") basis. I confirm my child has no allergies to these medications. _____ Initial

Authorization for Treatment and/or Transport to Medical Facility: In the event of a medical emergency, I hereby authorize a Sportsmen's Health Care Provider or designated staff member to administer first aid and if necessary secure the transport of my child by EMT services to the closest medical facility and provide appropriate medical and insurance information as needed. Furthermore, in the event of an emergency and I am unable to be reached, I grant permission to the Consulting Physician selected by Sportsmen's, its Administrators or designees to administer and secure treatment, including hospitalization for my child. _____ Initial

Acknowledgement of Ability to Fully Participate and Waiver: I acknowledge that my child is able to participate with no restrictions or limitations in all Sportsmen's related activities but not limited to tennis including on-site, off-site, field trips and travel to and from Sportsmen's sanctioned field trips. Furthermore, I confirm that that the health history is correct for my child and my child is in good health and able to participate in all Sportsmen's activities unless otherwise detailed. Participant, parent/guardian agrees to indemnify and hold harmless Sportsmen's Tennis & Enrichment Center, its staff, directors, volunteers, members and representatives from any and all harm arising from participating in all Sportsmen's related activities whether it be but not limited to summer camp, academic /social enrichment, community tennis or competitive play. Furthermore, I understand that Sportsmen's is not responsible for the loss of personal property and I will be responsible for any intentional damage of Sportsmen's property caused by my child. _____ Initial

Photo and Video Release: I hereby give my permission to Sportsmen's Tennis & Enrichment center to photograph my child and to use photos and/or video taping of my child for the purpose of Sportsmen's Tennis & Enrichment Center or Sportsmen's Tennis & Fitness Camp powered by Reebok promotional materials or videos. _____ Initial

By signing my name below and initialing above, I confirm that I understand and agree with the contents of what I have read.

Parent/Guardian Signature _____ Date _____