



MTM SUMMER CAMP 2018 • MEDICAL FORM

This form must be on file in the Summer Camp office before a child may begin camp. This will be strictly enforced.

Please return to: Made to Move Tennis & Wellness, 5 South Jersey Ave., Setauket, NY 11733

Instructions:

1. Fill out this form entirely
2. Use this form only. (A school physical can be attached to this form but front must be completed by a parent)
3. The box at the bottom of page one must be completed and signed by a parent or guardian of the camper.
4. Medication section must be signed by the physician and the parent or guardian, if medications are to be given at camp.
5. This form will not be accepted if incomplete.

A. Camper Information

Sessions: I _____ II _____ III _____

Camper Name: _____

Birthday: _____

Age: _____

Home Address: _____

Home Phone: _____

Work Phone _____

Cell Phone: _____

Business Address: _____

Second Parent or Guardian: _____

Home Address: _____

If not available, in emergency please notify: _____

Relationship to camper: _____

Phone Number: _____

Home Address: _____

City _____ State _____ Zip _____

B. Health History

___ Inhaler **If your child uses an inhaler, please keep it available in their camp backpack*

___ Bee Stings **If your child has an allergy to bee stings, please call teh camp nurse to specify the nature of the allergy*

Conditions

- ___ Asthma
- ___ Bleeding/Clotting disorders
- ___ Convulsions
- ___ Diabetes
- ___ Frequent Ear Infections
- ___ Heart Defect/Disease
- ___ Mononucleosis

Allergies

- ___ Hay Fever
- ___ Insect Stings
- ___ Other Drugs
- ___ Penicillin
- ___ Poison Ivy/Oak
- ___ Other _____

Parent or Guardian: _____ Sex: M / F

City/State: _____ Zip: _____ Home Phone: _____



Other Health Related Information or Issues:

Authorization for Treatment: I hereby give permission to the medical personnel selected by the Summ Camp Director to order X-rays, routine tests, treatment, and necessary related transportation for me and/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Summer Camp Director to secure and administer treatment, including hospitalization, for the camper named above. This form may be photocopied for trips out of camp.

Signature of Parent or Guardian: _____

Date: _____

C. Health Examination by Llcensed Physician

A copy of the physician's own form, showing examination after May 1st of last year, and the physician's signature, may be attached.

I have examined _____ within the past year. Date examined: _____

In my opinion, the applicant's condition (DOES or DOES NOT) preclude his/her participation in an active camp program

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following condition(s):

Current treatment (include current medications):

Explanation of any reported loss of consciousness, convulsion, or concussion:

Does the applicant have epilepsy? Yes or No

Diabetes? Yes or No

Recommendations and Restrictions while at camp: _____

Any treatment to be continued at camp:

Any medication to be administered at camp (specific dosage, time and instructions):

Both the parent/guardian and the physician's signature are necessary for medication authorization.

Physician's signature: _____

Parent/Guardian's signature: _____

Any dietary restricitons: _____

Activities to be encouraged or limited: _____

Additional information:

Licensed Physician's Signature: _____ Date: _____

Address: _____

Phone: _____