

Setauket Tennis and Fitness
5 South Jersey Ave. Setauket, NY 11733
(631) 751-6767

Summer Camp Health Examination Form

This side to be filled in by parent and checked with physician at time of examination.

Name _____ Birth Date _____ Sex _____ Age _____
(Last) (First) (Initial)

Parent or Guardian _____ Phone _____

Home Address _____

Business Address _____ Phone _____

In case of an emergency, please notify:

1. Name _____ Phone _____

2. Name _____ Phone _____

Health History: (Check-giving approximate dates) **Allergies** **Diseases**
Frequent Ear Infections _____ Hay Fever _____ Chicken Pox _____
Heart Defect/Disease _____ Ivy Poisoning, etc. _____ Measles _____
Convulsions _____ Insect Stings _____ German Measles _____
Diabetes _____ Penicillin _____ Mumps _____
Bleeding/Clotting Disorders _____ Other Drugs _____ Asthma _____

Operations or serious injuries (dates) _____

Chronic or recurring illness _____

Other diseases or details of above _____

Name of dentist/orthodontist _____ Phone _____

Name or family physician _____ Phone _____

(If different than examining physician)

Do you carry medical/hospital insurance? _____ If so, indicate:

Carrier: _____ Policy or Group # _____

Any specific activities to be encouraged? _____

Or restricted? _____

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance

Suggestions from parents: _____

Important-Must be completed for attendance

Parent's Authorization: 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 by me and the examining physician.

I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anaesthesia and/or surgery for my child as name above.

Signature _____ Date _____