



Date of Camp Attendance _____

Health History Form for Children, Youth & Adults Attending Brenda Schultz Sports Camp

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. Health history must be filled out by a parent/guardian or by adults themselves. Updates required annually.

Enclose a copy of most recent medical examination, must be within the last 2 years.

All deposits will be applied to another camp date if for some reason a withdrawal takes place do to a medical condition, personal emergency or conflict.

Camper Information

Camper's Name _____

Date of Birth _____ Gender M / F

Parent/Guardian Name _____

Email _____

Address _____

Phone: Home _____ Office _____ Cellular _____

Emergency Contact Name _____

Phone: Home _____ Office _____ Cellular _____

Emergency Contact Name _____

Phone: Home _____ Office _____ Cellular _____

Family Physician Name _____ Phone _____

Address _____

Insurance Company _____ Identification # _____

Medications including Vitamins	Name	Dosage and Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physical Ailments (Y/N) if Yes provide description on the bottom portion of the form

Cardiovascular	Y / N	Low Back and Joint Disorders	Y / N	COPD/Respiratory	Y / N
Diabetes	Y / N	Allergies	Y / N	Neurological	Y / N
Behavioral Health	Y / N	High Blood Pressure	Y / N	Immune Disorders	Y / N
Food Allergies or Restrictions	Y / N	Allergies to Medications	Y / N	Surgeries	Y / N
Pregnancy	Y / N	Dental, Oral or Orthodontic	Y / N	Skin Disorders	Y / N
Dizziness, Seizures or Epilepsy	Y / N	Adverse Reactions to Exercise	Y / N	Additional Medical Issues, Health or Physical Limitations	Y / N

Notifications

- Participant’s emergency contacts will be notified if any medical emergency occurs.
- Participant’s are responsible for all medical bills through their insurance or individually
- A nurse is on call 24 hours per day

Detailed Description of Medical History

PHOTOCOPY OF FRONT AND BACK OF HEALTH INSURANCE CARD MUST BE ATTACHED TO THIS FORM

Parent/Guardian Authorization

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergence medical treatment, including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian or Adult Participant

DATE

Return completed medical and registration forms to: **Brenda Schultz Tennis Camp, 1803 Juno Isles Blvd., North Palm Beach, 33408 Florida** or scan and email to: brenda@brendaschultztennis.com