



900 E. Wackerly Street
Midland, MI 48642

www.midlandtenni.com

Phone: (989) 631-6151
Fax: (989)631-5532

Day Camp Health History/Consent Form

Camper's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Gender: _____

Parent/Legal Guardian: _____

Home Phone: _____

Mom's Work Phone: _____ Mom's Cell Phone: _____

Dad's Work Phone: _____ Dad's Cell Phone: _____

Emergency Contact Person: _____ Phone: _____

Name of Person to whom camper may be released:

- 1. _____ 2. _____
- 3. _____ 4. _____

Family Doctor: _____ Phone Number: _____

List any allergies, health problems, physical limitations, infectious diseases or dietary concerns:

List any medications your son/daughter takes regularly:

List any past medical treatments:

Immunization History (Please list dates as accurately as possible)

_____ DPT series	_____ Booster	_____ Tetanus Booster	_____ Hepatitis B
_____ Polio OPV (Sabin)	_____ Booster	_____ Tuberculin Test	_____ MMR
_____ Other (please list) _____			

Sunscreen Permission

I give Permission for the MCTC Summer Day Camp to apply sunscreen to _____.

Parent/Guardian Signature

Date

Consent to use name, photograph and created works

I, undersigned, being over 18 years of age, give permission for the name, photograph and/or created works of my child _____ to be published by the media. This may include publication used by the Midland Community Tennis Center to promote programs.

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This health history information is correct to my knowledge. My child is in good physical condition at this time and can engage in camp activities, except as noted previously. In the event of an emergency. If I am unable or cannot be reached, I hereby give permission for the Midland Community Tennis Center to transport my child to Urgent Care or the Emergency Room.

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Age: _____ Date of Birth: _____ Gender: _____

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Home Phone: _____

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I give Permission for the MCTC Summer Day Camp to apply sunscreen to _____.

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City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Gender: _____

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Mom's Work Phone: _____ Mom's Cell Phone: _____

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Family Doctor: _____ Phone Number: _____

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_____ Polio OPV (Sabin)	_____ Booster	_____ Tuberculin Test	_____ MMR
_____ Other (please list) _____			

Sunscreen Permission

I give Permission for the MCTC Summer Day Camp to apply sunscreen to _____.

Parent/Guardian Signature

Date

Consent to use name, photograph and created works

I, undersigned, being over 18 years of age, give permission for the name, photograph and/or created works of my child _____ to be published by the media. This may include publication used by the Midland Community Tennis Center to promote programs.

Parent/Guardian Signature

Date

Health Care Authorization

This health history information is correct to my knowledge. My child is in good physical condition at this time and can engage in camp activities, except as noted previously. In the event of an emergency. If I am unable or cannot be reached, I hereby give permission for the Midland Community Tennis Center to transport my child to Urgent Care or the Emergency Room.

Parent/Legal Guardian Signature: _____ Date: _____



900 E. Wackerly Street
Midland, MI 48642

www.midlandtenni.com

Phone: (989) 631-6151
Fax: (989)631-5532

Day Camp Health History/Consent Form

Camper's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Gender: _____

Parent/Legal Guardian: _____

Home Phone: _____

Mom's Work Phone: _____ Mom's Cell Phone: _____

Dad's Work Phone: _____ Dad's Cell Phone: _____

Emergency Contact Person: _____ Phone: _____

Name of Person to whom camper may be released:

- 1. _____ 2. _____
- 3. _____ 4. _____

Family Doctor: _____ Phone Number: _____

List any allergies, health problems, physical limitations, infectious diseases or dietary concerns:

List any medications your son/daughter takes regularly:

List any past medical treatments:

Immunization History (Please list dates as accurately as possible)

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Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Gender: _____

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Mom's Work Phone: _____ Mom's Cell Phone: _____

Dad's Work Phone: _____ Dad's Cell Phone: _____

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