



900 E. Wackerly Street  
Midland, MI 48642

[www.midlandtennis.com](http://www.midlandtennis.com)

Phone: (989) 631-6151  
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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.

_____	_____
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: \_\_\_\_\_