



107 Pleasant Ave. Upper Saddle River, NJ 07458

1-800-282-4638 Fax: 201-760-8820

www.baseballclinics.com

CAMPER HEALTH FORM

Camper's Last Name First Home Phone Birthdate Age
Parent's Name Business Phone - Mother
Street Apt. # Business Phone - Father
Town, State & Zip Cell Phone - Mother
If not available in emergency, notify: Emergency Phone Cell Phone - Father

HEALTH HISTORY

1. List record of past medical treatment; (i.e. Major illness, hospitalization, surgery)

New Jersey State Department of Health REQUIRE ALL IMMUNIZATION DATES

Date of Immunization Date of last Booster

Hepatitis

Diphtheria Pertussis Tenanus or

2. List ALL Allergies:

Tenanus Diphtheria or

Tetanus

Pollo

3. Describe any health conditions requiring special considerations, or restrictions of any kind

Measles

Mumps

Rubella

4. Indicate any medication your child is taking that camp staff should be aware of:

NOTE: Medication must be in officially labeled bottles, accompanied by a doctor's letter of instruction and parent's note of permission.

Permission is granted for the camp medical trainer to administer Tylenol if necessary. YES ___ NO ___

Permission is granted for the camp to seek necessary emergency medical treatment in the event that the parent cannot be reached by telephone.

Parent Signature

Date