

ANDY FINDLAY'S 2022 INTENSE TENNIS CAMPS

MEDICAL FORM

Camp Dates: _____/2022

Camper's Name: _____ **Age:** _____
Street Address: _____ **Date of Birth:** _____
City: _____ **State:** _____ **Zip:** _____
Phone: (h): _____
Phone: (cell): _____
Email: (Camper) _____

PARENT/GUARDIAN

Name: _____ **Phone (h):** _____
Street Address: _____ **Phone (o):** _____
City: _____ **State:** _____ **Zip:** _____ **Phone (cell 1):** _____
Relationship to Camper: _____ **Phone (cell 2):** _____
Email: (Parent) _____

FAMILY INSURANCE INFORMATION Insurance Company Name: _____

Insurance Company Address: _____

Policy #: _____ Group #: _____ HMO Auth. #: _____ Policy

Holder Name: _____ Relationship to Camper _____

**** EMERGENCY CONTACTS IN THE EVENT OF A NEED FOR IMMEDIATE DEPARTURE FROM THE SRU CAMPUS.**

The individuals listed below are responsible for transporting the above camper.

Name (1st choice): _____ **Relationship to Camper:** _____
Home # _____ **Cell #** _____ **Work #** _____
Name (2nd choice): _____ **Relationship to Camper:** _____
Home # _____ **Cell #** _____ **Work #** _____

CAMPER'S MEDICAL HISTORY

	No	Yes	Explanation
1. Any current medical problems?	_____	_____	_____
2. Any recent injury requiring medical attention?	_____	_____	_____
3. Currently taking any medications?	_____	_____	_____
4. Any severe head or neck injuries?	_____	_____	_____
5. Any major surgeries?	_____	_____	_____
6. Any chronic illness (epilepsy, diabetes, heart condition)?	_____	_____	_____
7. Any allergies to prescription or non-prescription medications?	_____	_____	_____
8. Date of last tetanus immunization? _____			
9. Family Physician's Name: _____ Phone # _____			

Neither Andy Findlay's Intense Tennis Camps or Slippery Rock University carries health insurance for tennis campers. For your protection, we require that your personal health and accident insurance information is on file at the Student Health Center.

Every effort will be made to consult with the above named emergency contact before referral to local hospitals or physicians. To prevent delay or care in an emergency, I give consent to the staff at Andy Findlay's Intense Tennis Camps and Slippery Rock University to obtain medical care for the above named Camper.

Signature: _____ **Date:** _____/2022

Parent/Guardian

2022 Medical