

ANDY FINDLAY'S 2025 INTENSE TENNIS CAMPS

MEDICAL FORM

Camp Dates: _____/2025

Camper's Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Age: _____

Date of Birth: _____

Phone: (h): _____

Phone: (cell): _____

Email: (Camper) _____

PARENT/GUARDIAN

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Phone (h): _____

Phone (o): _____

Phone (cell 1): _____

Phone (cell 2): _____

Email: (Parent) _____

Relationship to Camper: _____

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: _____

Parent/Guardian

Date: _____/2025

2025 Medical