



107 Pleasant Ave. Upper Saddle River, NJ 07458

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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
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Hepatitis

Diphtheria Pertussis  
Tetanus or

2. List ALL Allergies:

Tetanus 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