

THE MAST TENNIS ACADEMY SUMMER TENNIS CAMP

MEDICAL RELEASE FORM

If a situation arises in which my child needs medical attention due to injury or illness, the Mast Tennis Academy Summer Camp will try to reach me for instructions. If I cannot be contacted, or the nature of the problem requires immediate attention, I give my permission to the camp first-aid providers, head counselor, and/or director to administer emergency medical treatment or to contact emergency medical services as may be necessary. I understand that I am responsible for my child's medical expenses.

SIGNATURE _____

CAMPER HEALTH HISTORY

CAMPER'S NAME _____

SPECIAL NEEDS _____

MEDICAL CONDITIONS/BEHAVIORAL CONDITIONS _____

MEDICATIONS _____

ALLERGIES _____

EMERGENCY CONTACT'S NAME _____

RELATIONSHIP _____

PHONE NUMBER _____

PHYSICIAN'S NAME _____ PHONE # _____

REQUIRED IMMUNIZATIONS

DATE (month and year) OF LAST TETANUS (OR DTaP) SHOT _____

IS CAMPER CURRENTLY ENROLLED IN A MARYLAND SCHOOL, PUBLIC OR PRIVATE? Y/N
*If not a Maryland student, please provide a doctor's note stating all immunizations are up-to-date

IS CAMPER EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS? Y/N
- If yes, provide signed copy of Maryland Dept. of Health and Mental Hygiene Immunizations Certificate