

900 E. Wackerly Street Midland, MI 48642 Phone: (989) 631-6151 Fax: (989)631-5532

Day Camp Health History/Consent Form

Camper's Full Name:			
Address:			
City:	State:	Zip:	
Age:	Date of Birth:	Gender:	
Parent/Legal Guardian: _			
Home Phone:			
Mom's Work Phone:		Mom's Cell Phone:	
Dad's Work Phone:		Dad's Cell Phone:	
Emergency Contact Person	on:	Phone:	
1	n camper may be released:	2	
		Phone Number: infectious diseases or dietary concerns:	
List any medications you	r son/daughter takes regularly:		
List any past medical trea	atments:		

Immunization History (Please list dates as accuratelyDPT seriesBoosterPolio OPV (Sabin)BoosterOther (please list)	Tetanus Booster Hepatitus B Tuberculin Test MMR		
Sunscreen Permission			
I give Permission for the MCTC Summer Day Camp	to apply sunscreen to		
Parent/Guardian Signature	Date		
Consent to use name, photograph and created works			
	nission for the name, photograph and/or created works of lished by the media. This may include publication used by rograms.		
Parent/Guardian Signature	Date		
Health Care Authorization This health history information is correct to my knowledge. My child is in good physical condition at this time and can engage in camp activities, except as noted previously. In the event of an emergency; If I am unable or cannot be reached, I hereby give permission for the Greater Midland Tennis Center Inc., whose summer camps are licensed by the Michigan Department of Consumer and Industry Services, to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment for the camper named above, while attending the summer day camps at the Greater Midland Tennis Center. Parent/Legal Guardian Signature:			
I refuse any medical treatment for my child. Parent/L Date:			

List any special behavioral considerations for your son/daughter: