



900 E. Wackerly Street
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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: _____ Phone: _____

Name of Person to whom camper may be released:

1. _____
2. _____
3. _____
4. _____

Family Doctor: _____ Phone Number: _____

List any allergies, health problems, physical limitations, infectious diseases or dietary concerns:

List any medications your son/daughter takes regularly:

List any past medical treatments:

