

Spartans Summer Sports Camp Health Questionnaire

Child's Name: _____ Age: _____ Date of Birth: _____

Emergency Contact Name: _____ Relationship: _____ Phone Number: _____

Cell Phone: _____ Work Phone: _____ Additional Phone: _____

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|---|-----|----|
| 1. Is your child allergic to any medication? | Yes | No |
| 2. Is your child taking any medication? | Yes | No |
| 3. Is your child currently under a doctor's care? | Yes | No |
| 4. Are there any physical or mental conditions we should be aware of? | Yes | No |
| 5. Do you state your child is in good mental and physical condition and can participate in all camp activities? | Yes | No |
| 6. Do you give The Spartans Camp and it's Directors and Employees the permission to act in your child's best interest during your absence if medical attention is required? | Yes | No |

Doctor's Name and Phone Number...

Please explain any "Yes" answers to questions 1 – 4 in the space provided below. Use reverse side if more space is needed.

The Health Department Requires the following information:

Vaccine	Date of Immunization
Hepatitis B	
Diphtheria – Tetanus – Pertussis	
Inactivated Polio	
Varicella	
Pneumococcal	
Measles – Mumps – Rubella	
Haemophilus Influenza Type b	

I agree not to hold the Spartans Camp, Metropolitan Sports Camp, Inc., it's Directors and Employees responsible for any liability during the camp activities. Health Dept. rules do not allow us to give medication to campers. I understand that physical activities will take place and I give permission for my child to participate. I also give permission for me child to be transported to local fields and or batting cages depending on weather or other circumstances. *I am aware that there are no cash refunds given for any reason including my deposit. Refunds will not be given for injury, illness or vacation time. Deposits and tuition are not transferable to other camp sessions.* I understand that any camper not following the rules set forth by the camp may be removed without any recourse and without any refund of money deposited. I allow photos of my child to be taken and used in promotional material.

Parent / Guardian Signature: _____

Date: _____