



Delaware Valley Tennis Academy

Junior Health Chart

Applicants Full Name _____

Age _____ Height _____ Weight _____

Please provide dates for the following vaccinations OR attach a copy of the student's shot record:

DPT _____ Polio _____ MMR _____ (Measles, Mumps, Rubella)

TB Test _____ Tetanus _____

Please note any Learning Disabilities or Hyperactivity Disorders _____

Any reaction to: Penicillin _____

Other _____ Drugs: _____

Special conditions such as recurrent illness, fainting, heat exhaustion: _____

Special instructions to Camp Physician and Nurse, such as medications to be taken while at camp: _____

Drug _____ Dosage _____

Instructions _____

Family Physician _____

Address _____

City _____ State _____ Zip _____

Phone _____

If Family physician is not available, relative or friend (other than parent) to be contacted in case of emergency:

Name _____

Phone _____

Please insure that your child has proper medical coverage. Delaware Valley Tennis Academy is not responsible for any medical expenses that may occur during their stay.

Health Insurance Company Name _____

Policy Number _____

I/We the parent(s) of _____

authorize DVTA to arrange medical care for the above named child from _____

through _____ 20___. I/We also hereby release DVTA and its holding company, Bryn Mawr-Delaware Valley Tennis, its agents, owners and employees from any claims for accident, injury or loss of valuables that may occur during my/our child's stay at DVTA. My/our signature below acknowledges my/our release and waiver of any claim for damages from any such accident, injury, or loss.

Parent Signature _____ Date ____/____/____