



# Delaware Valley Tennis Academy Junior Health Form

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 \_\_\_\_/\_\_\_\_/\_\_\_\_