



TENNIS CENTER AT COLLEGE PARK

5200 Paint Branch Parkway College Park, Maryland 20740 ph 301.779.8000 fax 301.779.8120 www.thetccp.com

2009 SUMMER CAMP MEDICAL HISTORY

Please fill out the following medical history form for your child and return to the Tennis Center before the start of your camp session.

Camper Name:
Emergency Contact:
Phone Number(s):
1. Date of child's last tetanus booster:
2. Child's Allergies:
Insect stings (please list which insects)
Foods (please list which foods)
Drugs (please list which drugs)
3. Is your child under the care of a physician for a medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:
4. Is your child taking any prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list medications:
5. Additional medical or other information we should be aware of:

Signature

Date