NYSC | BSC | WSC | PSC

sports clubs for kids | camp 2020

Medical Information

Child's Name:____

Child's Doctor's Name:______________________________________
Address:____
City:______________________________ State:__________ Zip:___________
Phone:_____________________________

Child's Dentist's Name:______________________________________
Address:____
City:______________________________ State:__________ Zip:___________
Phone:_____________________________

Please answer the following questions:

	Yes	No
1. Do we have permission to administer minor first aide to your child if necessary?	❒	❒
2. Do we have permission to seek medical attention for your child in case of emergency?	❒	❒
3. Do we have permission to have your child transported to a hospital in the case of an emergency?	❒	❒

If yes, hospital preference_____________________________

Personal Information:
In an attempt to better serve your child during camp, please list any additional needs they may have:
____
____
____
____

Allergies: (please list all known and describe reaction and management of reaction)
Medication allergy:____
____
Food allergy:____
____
Other allergies (please include insect stings, hayfever, asthma, animals, etc.) or any special medical issues we should be aware of:_____________________________________
Any specific activities that should be restricted?:________________________
____
Please list any and all accommodations needed to perform physical activity (including alternatives):__________
____

Medications
BSC Camps are authorized by the Massachusetts Board of Health to administer medication if it is brought to camp in it's original container, with the current date, child's name, dosage and frequency that it should be given to your child. In addition, we will ask you to fill out an Authorization for Medication form provided by the Board of Health that can be attained at camp on your child's first day.

Physical/Immunizations History: (This section should be completed and signed by your child's physician.)
Please submit with this medical form a copy of each child's physical and record or immunizations from your Doctor. This physical must take place within 2 years from the date of attending camp. All immunizations and Doctor's physical records must be submitted before any child is admitted to camp.

Physician's Signature:_______________________________ Date:______________

Parent/Guardian Authorization: This health history medical information is correct and complete to the best of my knowledge, and the camper listed on this form has permission to engage in all camp activities, unless otherwise noted. Also, in the event of an injury or illness, every effort will be made to contact parent or guardian, prior to seeking treatment. By signing below, I give Town Sports International permission to seek emergency treatment in life-threatening situations before contacting me. By signing below, I also represent that the camper listed on this form is able to perform physical exercise and/or activity with or without accommodation and that any and all accommodations (including alternatives) are listed above.

Parent/Guardian's Signature:___________________________ Date:______________

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EpiPen Consent and Release Form

EPIPEN CONSENT & RELEASE: I, THE UNDERSIGNED, hereby request and authorize the employees, contractors and agents ("Personnel") of Town Sports International, LLC, its parent, subsidiaries, and affiliates ("TSI") to administer auto-injectable epinephrine ("EpiPen") at such Personnel's discretion to my child for the following condition: ____.

In giving such authorization, I understand that neither the Personnel nor TSI shall not incur any liability and shall be held harmless from any claims for any injury arising from or as a result of the administration of, or failure to administer, the EpiPen other than those arising from such Personnel's or TSI's intentional misconduct. I further understand that I shall be responsible for providing an EpiPen to TSI and maintaining it as appropriate.

CUSTODIAL PARENT(S) and GUARDIAN(S)

Signature: ____

Name: ____

Title: ____

Date:____