

Medical Information / Permission to Treat

Player/Camper Name

Physician

Phone

Medical Insurance Company

Policy Number

Please **list any allergies or conditions** that JSTTC should be aware of:

The date of my child's last **tetanus** shot (**Required**): _____

- My child is currently enrolled in a Maryland public/private school.

Name of School: _____

- My child is not currently enrolled in a Maryland school. I will have copies of my child's current immunizations completed by his/her physician and returned to JSTTC prior to the beginning of camp.

Emergency Contact

Relationship

Phone

When I or the emergency contact cannot be reached, I give my consent and permission for the above named doctors to provide medical attention to my child. In the event that the doctors listed above cannot be contacted or in the event of an emergency I give any licensed physician, dentist, hospital or health care provider consent to perform emergency medical treatment at my expense as deemed necessary for the well-being of my child. This may include transportation to the nearest emergency room.

Parent/Guardian Signature

Date

Jack Schore Tennis Training Corp

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