



**Play Ball Camp - Bridgewater Health & Medical Record Form**  
Mail to: Play Ball Baseball Camp 190 Grange Park, Bridgewater, MA 02324 Tel: (508) 697-7887

Please circle the week your child will be attending camp:

Week 1 / July 9

Week 2 / July 16

Week 3 / July 23

Week 4 / July 30

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

**In Case of Emergency, Please Notify (List at least one parent / guardian.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

In case of emergency, please state your hospital preference: \_\_\_\_\_

Please list any allergies or special instructions in the event of an emergency?

\_\_\_\_\_  
\_\_\_\_\_

**Emergency:** (to be signed by parent/guardian) I hereby authorize that my child \_\_\_\_\_ be treated at any health care facility in case of such emergency.

\_\_\_\_\_  
Parent/Guardian Signature



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### Camper Health History

Please have your family physician complete this form, verifying that your child has no medical restrictions that would preclude him/her from participating in camp, and return to the Camp Health Care Provider as soon as possible.

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (      ) \_\_\_\_\_

**Does your child have or is subject to:** (check all applicable)

Asthma \_\_\_\_\_ Convulsions \_\_\_\_\_ Diabetes \_\_\_\_\_ Fainting/Dizzy Spells \_\_\_\_\_

Heart Problems \_\_\_\_\_ Allergies \_\_\_\_\_ Please specify allergies \_\_\_\_\_

**If your child has any sport related restrictions, please specify:**

\_\_\_\_\_  
\_\_\_\_\_

**Any difficulty from a previous injury, please specify:**

\_\_\_\_\_  
\_\_\_\_\_

**Has the child had any of the following:**

Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

**Please date immunizations:**

DPT/Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ German Measles \_\_\_\_\_

Pertussis \_\_\_\_\_ Diphtheria \_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medication:** (to be signed by Parent/Guardian)

I hereby authorize the Play Ball Camp Health Care Provider to administer medication  
to \_\_\_\_\_ (child name) that I have sent to camp with my child for his/her use.

Parent/Guardian Signature \_\_\_\_\_ **Date:** \_\_\_\_\_