



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:

Full Session / July 6-17

Week 1 / July 6-10

Week 2 / July 13-17

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:** _____