



Mount Kisco Country Club

2017 Jr. Sports Camp

Medical Information Form

Name of Child _____ Age _____ Sex _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parents' / Guardians' Full Names _____

Does your child take daily medication? YES / NO

If so, type of medication and frequency: _____

Any drug, food or insect allergies? _____

Is your child restricted from any activities? _____

Name of family doctor _____ Phone _____

Name of family dentist _____ Phone _____

In case of emergency contact (other than parents):

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Any other comments or concerns?

Parent's authorization: This information is correct so far as I know, and the person herein described has permission to engage in all prescribed activities conducted by the Junior Sports Program, except as noted by me. In the event I can not be reached in an emergency, I hereby give permission to the emergency contacts or family doctor named above to secure proper treatment for and to order injection, anesthesia or surgery for my child named above.

Signature of parent or guardian _____ Date _____



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Immunization Records

Child's Name: _____

Immunization Dates

Diphtheria						
Haemophilus Influenza type b						
Hepatitis b						
Measles						
Mumps						
Poliomyelitis						
Rubella						
Tetanus						
Varicella						

A form similar to this from a physician and containing all of the above information can be submitted in place of this.

Parent's Name: _____

Parent's Signature: _____ Date: _____

or

Physician's Name _____

Physician's Signature: _____ Date: _____



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Pool Permission

Dear Parents and Members,

I give my child, _____, permission to take part in all swim related activities at the Mount Kisco Country Club Junior Program for Summer 2017.

PARENT'S SIGNATURE: _____

PRINTED NAME: _____

Thank you for continually supporting our camp,

Louis Angiolillo
Mount Kisco Country Club
Junior Program Director