



PROFESSIONAL BASEBALL INSTRUCTION, INC.

107 Pleasant Ave. Upper Saddle River, NJ 07458

1-800-282-4638 * www.BASEBALLCLINICS.COM

PLAYER HEALTH FORM

Student Last Name	First	Home Phone	Birthdate	Age
Parent's Name		Business Phone - Mother		
Street	Apt. #	Business Phone - Father		
Town, State & Zip		Cell Phone - Mother		
If not available in emergency, notify:	Emergency Phone	Cell Phone - Father		

HEALTH HISTORY

1. List record of past medical treatment;
(i.e. Major illness, hospitalization, surgery)

New Jersey State Department of Health
REQUIRE ALL IMMUNIZATION DATES

Date of Immunization	Date of last Booster
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Hepatitis

Diphtheria Pertussis
Tenuus or

2. List ALL Allergies:

Tenuus Diphtheria or

Tenuus

Polio

3. Describe any health conditions requiring
special considerations, or restrictions of any kind

Measles

Mumps

Rubella

4. Indicate any medication your child is taking that camp staff should be aware of:

NOTE: Medication must be in officially labeled bottles, accompanied by a doctor's letter of instruction and parent's note of permission.

Permission is granted for the camp medical trainer to administer Tylenol if necessary. YES ____ NO ____

Permission is granted for the camp to seek necessary emergency medical treatment in the event that the parent cannot be reached by telephone.

Parent Signature

Date