



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	
	Hepatitis			
	Diphtheria Pertussis Tetanus or			

2. List ALL Allergies:	Tetanus Diphtheria or			
	Tetanus			
	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:				

5. I hereby authorize camp staff to administer the following medication (please include: original dose container; instructions; amount to be given; time to be given & days to be given):				

NOTE: Medication must be in officially labeled bottles.

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