



# TENNIS SUCCESS

## MEDICAL FORM

Name of Youth \_\_\_\_\_ Birthdate \_\_\_\_\_ Today's Date \_\_\_\_\_

### Health History

The information you provide here will be held in the strictest confidence. It will be kept on file in our health binder or carried by the directors/coaches when your child travels on a field trip. This information will be shared with other key program staff only on a "need to know" basis. Since this our first resource in the event of an emergency, it is important that you be as specific as possible.

Child's Doctor's Name \_\_\_\_\_  
Doctor's Address \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

### Insurance information

My child has medical coverage under:  Employer Insurance  Private Insurance  Medicaid  Other

Name of Insurance Company \_\_\_\_\_  
Name of Policy Holder (first & last name) \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

*For Medicaid*

Name of Insurance Company \_\_\_\_\_  
Member's Name \_\_\_\_\_ Medicaid ID # \_\_\_\_\_  
Issuer ID # \_\_\_\_\_ Date Card Sent \_\_\_\_\_

### Allergies & Medical Conditions

Does your child have **any** allergies (to food, plants, animals, insects, medicines, etc.)?  Yes  No

If yes, please describe the allergy, the severity of the reaction, requested accommodations and what is done to manage them.

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

Does your child have any medical conditions, physical limitations, or psychological disorders (depression, anger, ADD, ADHD, bipolar, etc.) that may affect his/her experience in our program?

Yes  No

If yes, please list describe the condition in detail to assist us in providing the best program experience for your child.

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



**TENNIS**  
SUCCESS

### Medications (inhalers included)

Tennis Success at this time is **not** equipped to administer medication. Children that need to take medication **must** take it **before** arriving to the tennis courts. The only exception is for children that may need an inhaler from time to time. Children that need an inhaler **must** keep the inhaler in their possession **at all times** and be able to administer the medication on their own. In this instance, we ask that staff is made aware that an inhaler may be needed during the hours of the program.

Does your child have asthma?  Yes  No

If yes, will your child need his/her inhaler during our program?  Yes  No

### Past Surgeries & Treatment

Identify all surgeries or similar procedure your child has received and dates.

If yes, please describe the condition in detail to assist us in providing the best program experience for your child.

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