



CAMP MEDICAL FORM

Completion of this information is required by law

Child's name _____ age _____ date of birth _____

Does your child have allergies? Foods? Other?

Any activities your child should not participate in?

Any special problems, needs that our coaches should be aware of?

Doctor's Name _____ tel: _____

Person to contact in case of emergency _____ tel: _____

In order to meet all legal requirements, I hereby authorize representative(s) of the Yogi Berra Museum and Learning Center to give consent for any and all necessary emergency medical care for my child during camp hours.

Home phone _____ Parent or Guardian _____

Work phone _____