

## **Joel Ross Tennis/Golf & Sports Camp**

PO Box 62H Scarsdale, NY 10583

non-summer months: 914-668-3258 fax 914 723-4579

Summer: (860) 927-6339 fax 927-6340 web site: [www.joelrosstennis.com](http://www.joelrosstennis.com) [www.joelrossgolf.com](http://www.joelrossgolf.com)  
e-mail to Joel Ross: [info@joelrosstennis.com](mailto:info@joelrosstennis.com)

# **Give all 3 stapled health forms to the physician.**

**Give stapled forms 1, 2 & 3 to the physician when camper gets his physical exam.**

- 1. Medical Form signed by physician & parent.**  
Important! Please attach copy of family's health insurance card.
- 2. Non Prescription Authorization Form initialed & signed by physician & parent.** Physician & parent must initial each permitted medication.
- 3. Prescribed Medication Authorization Form signed by physician & parent.** Only send back this form if prescribed medication is to be taken at camp.

**These forms plus health insurance card must be returned before your child begins camp.**