



## 2024 Summer Sports Camp Medical Release Form

Return this form to reserve your spot.

(The Medical Release form may be sent separately)

Camper's Name:
Date of Birth:
Date of Last Physical:

**I certify that this child is physically fit to participate in St. John the Baptist Sports Camp without restrictions.**

Signature of Physician:	Date:
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**Is the child taking any medications at this time? \_\_\_\_ Yes \_\_\_\_ No**

If Yes, list medication here:

**Does the child have any food allergies? \_\_\_\_ Yes \_\_\_\_ No**

If Yes, list food allergies here:

**Is there anything concerning the health of this child that the Athletic Trainer should know in order to meet his/her needs: \_\_\_\_ Yes \_\_\_\_ No**

If Yes, explain:

Please return this form to:

Mr. Ralph Dalton – Camp Director  
St. John the Baptist D.H.S.  
1170 Montauk Highway  
West Islip, New York 11795

or

email [athletics@sjbdhs.org](mailto:athletics@sjbdhs.org) (Lenore Dunn)  
(631) 587-8000 ex164