



# National Scholastic Chess Foundation, Inc

171 East Post Road Suite 206, White Plains, NY 10601  
Phone: (914) 683-5322 Fax: (914) 683-5312

Dear Parents of NSCF Summer Chess Program Student

In order for your registration to be accepted, the enclosed medical form must be completed. A medical history immunization record must be attached from your physician including the dates that your child received his/her immunization shots. A separate form must be completed for each child. If the forms are incomplete, we will return them to you.

Please complete the medical form on the next page and mail it back, at least two weeks prior to your child's start in the program, to:

National Scholastic Chess Foundation, Inc.  
171 East Post Road Suite 206  
White Plains, NY 10601

If you have any questions, please call us at 914-683-5322

Thank you,

Fabiola Lopez  
NSCF Business Manager



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## *NSCF SUMMER PROGRAM MEDICAL RELEASE FORM*

*Camper's Name* \_\_\_\_\_ *DOB* \_\_\_\_\_

\_\_\_\_\_ *DOB* \_\_\_\_\_

*Physician's Name* \_\_\_\_\_

*Physician's Address* \_\_\_\_\_ *Phone#* \_\_\_\_\_

*Last physical performed on* \_\_\_\_\_

*Allergies:* \_\_\_\_\_

\_\_\_\_\_

*Other significant medical history* \_\_\_\_\_

\_\_\_\_\_

*Record of Immunizations: Please have your doctor fill in this information.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Physician's Signature* \_\_\_\_\_

*Parent's Name* \_\_\_\_\_

*Parent's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_