



Inspiring Excellence Through Chess

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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 _____