

2009 SUMMER CAMP HEALTH HISTORY FORM – PLEASE PRINT

One form per child.

Camper's Name _____ M F Grade entering in 9/09 _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Age _____ DOB _____

Mother's Name _____ Employer _____

Mother's Address (if different from above) _____

Work Phone _____ Cell Phone _____

Father's Name _____ Employer _____

Father's Address (if different from above) _____

Work Phone _____ Cell Phone _____

Parent E-Mail _____ (will be used for weekly program activity updates)

Medical History

Doctor Preference _____ Phone _____

Insurance Carrier _____ Policy Group No. _____

✓ Please list any allergies or dietary restrictions that your child has: _____

✓ Please list any medications that your child is currently taking, prescribed and over the counter: _____

✓ Is your child currently under medical care for any illness or condition? Y N
If yes, please explain: _____

✓ Please describe any current health condition(s) requiring medication, treatment, or special restriction or consideration while at camp: _____

✓ Please describe any past medical conditions or treatment that could have an impact on your child's experience at camp: _____

✓ Please check any conditions your camper has had:

Ear infection bleeding disorders diabetes other

Heart defect/disease asthma Musculo-skeletal disorders _____

Seizures hypertension Hernia _____

✓ Describe any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or considerations while at camp? _____

✓ Has your child had a full physical in the last 2 years? Y N If yes, please indicate the date: _____

✓ Date of last tetanus shot: _____ **(Copy of immunization records must be attached)**

Consent of Treatment

I know of no reason(s), other than the information indicated on this form, why my child should not participate in camp activities. In an emergency, when neither I nor the person named above can be reached, I hereby authorize the Day Camp Director and/or Health Supervisor to take any action deemed necessary for the best interests of my child, including transportation for emergency room treatment. Permission is granted to any medical personnel selected by the camp to provide needed care including: routine health care, administration of medications, X-rays, routine test and treatment; to release records as needed for insurance purposes; and to provide or arrange transportation for emergency medical treatment.

Parent Signature _____ **Print Name** _____ **Date** _____