

Important: This form must be completed within one year prior to camp and signed by parent or guardian before the child may begin camp.

Camper's Name: _____ Age: _____ Birthdate: _____ Sex: _____
Parent/Guardian: _____
Phone: _____
Emergency Number: _____
Cell Phone(s)/Beeper: _____
Address: _____
City: _____ State: _____ Zip: _____

If not available in emergency please notify:

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Medical Insurance/Medical Number: _____

Health History/Is the health of the camper, in general, good? _____ Yes _____ No

Allergies or Sensitivity/Is the camper subject to any of the following conditions?

Rheumatic Fever	Behavior Problem	Penicillin	Mumps
Sinus Trouble	Drug Allergies	Hay Fever	Asthma
Ear Infection	Fainting Spells	Chicken Pox	
Convulsions	Ivy Poisoning	German Measles	
Diabetes	Insect Stings	Measles	

Operations or Serious Injuries

(Dates): _____

Chronic or Recurring

Illness: _____

Other Diseases: _____

Immunization History/Please list dates(s) for the following:

Diphtheria _____ Mumps _____ Rubella _____
Measles _____ Polio _____ Tetanus _____

Doctor's Name: _____ Phone
Number: _____

Please provide any additional information and/or physical limitations that you wish the Camp Director to be aware of: If the camper has any physical or medical problems, or is on medication the office and the Camp Director must be notified.

Parents Authorization

This health history form is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature: _____ Date: _____
(Must be signed)

