

2009 Camper Health History Form

	M	F	
_____	_____	_____	
Camper's Name	Date of Birth	Gender (circle one)	
_____	_____	_____	
Name of Parent/Guardian	Cell Phone	Home Phone	
_____	_____	_____	
Address	City/Town	State	Zip
_____	_____	_____	_____
If primary contact is not available in case of an emergency contact (name)		Relationship	
_____	_____	_____	
Cell Phone	Home Phone	Work Phone	
_____	_____	_____	

Please circle any conditions that your child has experienced.

Allergies
 Bees
 Peanuts
 Tree Nuts
 Sea Food
 Hay Fever
 Poison Ivy
 Poison Oak
 Antibiotics
 Other Medications: _____

Other Allergies: _____

Conditions
 Frequent Ear Infections
 Heart Defect/Disease
 Convulsions
 Diabetes
 Bleeding/Clotting Disorders
 Hypertension
 Mononucleosis
 Psychiatric Disorders
 Seizures
 Asthma

Diseases
 Chicken Pox
 German Measles
 Mumps

Please list any medications your camper is currently taking including the dose, prescription and times (additional medication release form is required)

Please list all know allergies

Please list the date and nature of any operations or serious injuries

Please describe any disability or chronic or reoccurring illness

Please list any activities encourages or limited by a physician

Please describe any dietary modifications or considerations

Name of Physician _____ Phone _____

Hospital Preference _____ Phone _____

IMPORTANT: Please include a copy of your child's most recent immunization record with this form.

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order routine tests, x-rays, treatment and necessary transportation for the individual named above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child named above.

X SIGN HERE

Parent/Guardian Signature

Date