

Camper's Last Name: _____

Campers First name: _____

Part Two --- Health Information

Basic Health History:

frequent ear infections

asthma

diabetes

bleeding disorders

heart defect

any existing communicable disease (indicate below)

Seizure disorders

epilepsy

hyperactivity

hypertension

Allergies:

penicillin

serious poison ivy

bee stings

hay fever

food allergies

aspirin

other

If "other" please specify: _____

Please indicate any medications to which the camper may be sensitive or allergic to: _____

Does the camper wear an identification band or carry a card to alert others of their allergy(ies), medical conditions, or necessary medications?

YES

NO

Immunizations: All immunizations must be up to date. Indicate dates of immunization or most recent booster.

_____ DPT _____ Polio _____ Measles _____ Haemophilus Influenza Type B

_____ Hep B _____ Mumps _____ Rubella _____ Varicella _____ Tetanus

Operations, Serious or Chronic Illnesses: _____

Dietary Modifications While at Camp: _____

Prescription Drugs Camper Brings to Camp (include instructions and prescription from Doctor): _____

Part Three --- Health Examination Record

This health history record is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 12 months.

Physical Restrictions: _____ Date of Last Physical _____

Parent's Signature _____ Date _____

Name & Phone # of Family Physician _____ () _____

Physician's Signature _____ Date _____

We also accept a standard form signed by a physician; however, a parent/guardian must sign Part I of this form.