

## 2017 HEALTH INFORMATION

Camper Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mom's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Other Guardian's Name \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Emergency Contact (in the event parent/guardian cannot be reached)

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

General Health Conditions: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Person responsible for Insurance Coverage: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of last physical exam: (Month, Year) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Recent illness, injuries, or surgeries (what, when): \_\_\_\_\_

Recent exposure to contagious or infectious disease (what, when): \_\_\_\_\_

Restrictions on camp activities: \_\_\_\_\_ None \_\_\_\_\_ Strenuous Activities \_\_\_\_\_ Other \_\_\_\_\_

Special Dietary restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Are there any medications you should **NOT** be given? (Aspirin, throat lozenge, laxative, antacid, etc...) \_\_\_\_\_

**Are you currently taking any medications?** (if so, what, how often, for what? **MUST BE BROUGHT IN ORIGINAL CONTAINERS**)

**Immunizations** required for school are up to date. \_\_\_\_\_ Yes **include copy of current record** \_\_\_\_\_ No

Date of last Tetanus shot: (Month, Year) \_\_\_\_\_

Has menstruation begun? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, has she been told about it? \_\_\_\_\_ Yes \_\_\_\_\_ No

History of or presently under the care for:

\_\_\_\_\_ Heart Condition \_\_\_\_\_ Asthma \_\_\_\_\_ Arthritis \_\_\_\_\_ Bronchitis  
\_\_\_\_\_ Digestive Disorder \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Skin disease \_\_\_\_\_ Epilepsy/Seizures  
\_\_\_\_\_ Attention Deficit Disorder \_\_\_\_\_ Diabetes \_\_\_\_\_ Other: \_\_\_\_\_

Subject to: \_\_\_\_\_ Homesickness \_\_\_\_\_ Headaches \_\_\_\_\_ Cramps \_\_\_\_\_ Sleepwalking  
\_\_\_\_\_ Cold/Pneumonia \_\_\_\_\_ Ear Aches \_\_\_\_\_ Bedwetting \_\_\_\_\_ Stomach Aches  
\_\_\_\_\_ Nosebleeds \_\_\_\_\_ Swimmers Ear \_\_\_\_\_ Seasonal Allergies Other \_\_\_\_\_

Please list any current physical, mental, or psychological conditions which may require special considerations while at camp? \_\_\_\_\_

Have there been any significant events in the camper's life in the past year? (divorce, death of family members, trauma, etc.) \_\_\_\_\_

In signing this document, I hereby certify that all the information contained is correct and give permission for the use of photographs including my child to be used in camp publicity. (Name of Camper) \_\_\_\_\_ has my/our permission to participate in camp. I/we understand that all camp activities will be closely supervised and that medical and/or hospital care will be given if serious illness or injury occurs. I hereby give permission to the medical personnel selected by the camp to provide routine health care; to administer medications, First Aid, and acetaminophen; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

\_\_\_\_\_  
(Signature of Parent/Guardian)

Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM BY ONE WEEK PRIOR TO ARRIVAL**