

HEALTH INFORMATION

Camper Name _____

Parent/Guardian Name: _____

Home Phone Number: _____

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

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?) _____

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? _____

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.

* _____ Date: _____
(Signature of Parent/Guardian)

PLEASE RETURN COMPLETED FORM WITH REGISTRATION