

Health History

Please include a copy of your child's up to date Immunization Records

Please provide as much information about your child as possible. It allows us to be better prepared to provide a safe, enriching, and enjoyable summer camp experience. This information is confidential and is viewed only by the appropriate staff members. Information will be given to each camper's counselor based on the discretion of the directors. We encourage you to speak to a camp director regarding any issues prior to camp starting.

Camper _____ Age _____ Height _____ Weight _____

Parents or Guardian _____

I have included a copy of my child's immunization records _____ Yes _____ Will be mailed by June 1, 2008

Operations or serious injuries (include dates) _____

Disability or chronic recurring illness _____

Activities encouraged or discouraged _____

Dietary restrictions _____

Current medications (send with directions) _____

Any Psychiatric counseling or hospitalization _____

Please explain _____

Name of Physician _____

Date of last physical exam _____

Medical insurance carrier _____

Food or other allergies (You may elaborate on page 4) _____

Additional health related information for camp personnel _____

Check and give approximate dates of illness or allergies

___ Ear infections	___ Chicken Pox	___ Penicillin	___ Heart Defect/Disease	___ Diabetes
___ Hay Fever	___ Convulsions	___ Mononucleosis	___ Asthma	___ Mumps
___ German Measles	___ Poison Oak	___ Bleeding /Clotting	___ Hypertension	___ Measles
___ Insect Stings	___ Food Allergies	___ Other (specify) _____		

PLEASE READ AND SIGN BELOW:

To the best of my knowledge this health history is correct, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization of treatment: I hereby give permission to the medical personnel selected by the camp director to order X-Rays, routine tests, treatment and necessary transportation for my child. In the event 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 as named above. The completed forms may be photocopied for off site use.

Signature or parent or guardian responsible for the child named above

Date

***If for religious reasons you cannot sign this, then please contact the camp.**