



HEALTH HISTORY FORM

Information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care.

Name _____ Birthdate _____ Sex _____ Age _____
Last First Initial

Parent or Guardian (or Spouse) _____

Home Address _____ Phone _____
Street & Number City State Zip Area & Number

Business _____ Phone _____
Street & Number City State Zip Area & Number

Second Parent or Guardian _____

Home Address _____ Phone _____
Street & Number City State Zip Area & Number

Business _____ Phone _____
Street & Number City State Zip Area & Number

Health History

(Check all that apply)

- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting disorders
- _____ Hypertension
- _____ Mononucleosis
- _____ Date of last Tetnus shot

Diseases

- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps

Allergies

- _____ Hay Fever
- _____ Insect Stings
- _____ Flea Bites
- _____ Penicillin
- _____ Other Drugs
- _____ Asthma
- _____ Other (specify)

Operations or serious injuries (dates) _____

Chronic or recurring illness or medical condition _____

Activities limited by a physician _____

Current medications (send with instructions) _____

Other diseases _____

Name of dentist/orthodontist _____ Phone _____

Name of family physician _____ Phone _____

Do you carry family medical/hospital insurance? Yes No

If so, indicate: Carrier _____ Policy or Group # _____

Name of insurance policy holder _____

Suggestions on health related information for camp personnel _____

Important – Must be Completed for Attendance

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

Signature of parent or guardian _____ Date _____

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related 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 the person named above.

Signature of parent or Guardian _____ Date _____