

Health Form

Last Name: _____ First Name: _____ M.I. _____

Birthdate: _____ Sex: _____ Age: _____

Parent/ Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

If not available & in case of Emergency, please contact:

1. _____ Phone: _____

2. _____ Phone: _____

Health History: (Please circle and provide approximate dates)

Ear Infections	Ivy Poisoning	Convulsions
Diabetes	Hay Fever	Asthma
Insect Bites	Penicillin	Behavior/ADD/ADHD

Other Drugs:

Operations or Serious Injuries:

Allergies:

Important: Please notify the camp if this camper is exposed to any communicable disease prior to camp attendance.

Parent Authorization

This health history is correct as best as I know, and I hereby give permission for the person herein described to engage in all prescribed camp activities, except as indicated on the second page. In the event I cannot be reached in emergency, I hereby give permission to the physician selected at the camp director's discretion to hospitalize, secure treatment, and order injection, anesthesia or surgery for my child.

Signature: _____ Date: _____

Restrictions/Limitations while at this camp for this camper: _____

