

2017 Day Camp Health History Form

This form needs to be completely filled out by a parent/guardian. It will be kept by the Church staff.

Name _____ Birthdate: _____

Age _____ Male _____ Female _____
Last first middle initial

Home Address _____

Parent/Guardian _____ Preferred Phone: (____) _____ Other
Phone: (____) _____

Parent/Guardian _____ Preferred Phone: (____) _____ Other
Phone: (____) _____

If unavailable in an emergency, please notify _____ Relationship
_____ Phone: _____

Do you carry medical/hospital insurance? Yes _____ No _____ If so, please indicate:

Carrier _____ Group/policy number _____

Name of physician _____ Phone number _____

Date of last immunization for: Tetanus _____; DPT _____; Polio _____; Measles (MMR) _____

Please check and date any of the following, which have occurred to the camper or in the camper's family:

Conditions	Diseases	Allergies
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Heart disease/defect	<input type="checkbox"/> Measles	<input type="checkbox"/> Ivy Poisoning,
<input type="checkbox"/> etc.		
<input type="checkbox"/> Convulsions/seizures	<input type="checkbox"/> German Measles	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mumps	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Bleeding/clotting disorders		<input type="checkbox"/> Other drugs
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Asthma
<input type="checkbox"/> Mononucleosis		<input type="checkbox"/> Other:
<input type="checkbox"/> Psychiatric counseling		

Please explain any of those checked in the space below:

Operations or serious injuries: (please list with dates)

Suggestions, any activity restrictions, or health-related information for camp personnel:

Will your child need to take a medication during Day Camp? _____

Collected by Day Camp Coordinator

My child has permission to participate in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for the health of 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 hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

Parent/Guardian signature _____ Date _____

Signature of witness _____ Date _____

Camper's signature _____