

2010 Camper Health Form

This form must be completed by parent/guardian and sent with registration form found below.



Full name _____ Home phone _____

Birth date _____ Sex _____ Age _____ Grade in Fall 2009 _____

Parent/guardian's name _____

Address _____ City _____ State _____ Zip _____

Parent/guardian daytime phone (in case of emergency) _____

In case a parent cannot be reached, please contact: _____

Relationship _____ Phone _____

Family physician _____ Phone _____

Date of last health exam _____ Any medical problems noted in the last health exam? _____

May be given: Aspirin Tylenol Benadryl Dosage _____

Please check any health condition(s) or problem(s) that should be considered in your daughter's activities:

- | | | | | |
|---|--|---|---|--------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Behavior | <input type="checkbox"/> Kidney/bladder | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Mentally Challenged | <input type="checkbox"/> Hearing | <input type="checkbox"/> Wears contacts/glasses | <input type="checkbox"/> Visual | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Bleeding/clotting disorders <input type="checkbox"/> Other _____ | | | | |

Allergies

- Hay fever Asthma Poison ivy, oak, etc. Drugs Insect stings
 Food _____

Operations or serious injuries (dates) _____

Hospitalizations _____

Other diseases or details of above _____

Medications _____ Dosage _____

Life-changing events

- Divorce Recent move Death in family Separation
Menstruation Yes No (If no, has this topic been discussed in the home? Yes No)
 Other _____

Immunizations (Include dates)

PT _____ DPT _____ Tuberculin test _____ MMR _____

Polio _____ Mumps _____ Tetanus _____ Measles _____ Rubella _____

I certify that my daughter is in good health, and her health history is correct to the best of my knowledge, and she has not been recently exposed to any contagious diseases. In the event of illness, injury or medical emergency my daughter may be treated by the camp nurse, director and/or medical/hospital personnel. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director/camp nurse to hospitalize, secure proper treatment and to order injections and/or anesthesia and/or surgery for my child. I give permission for my daughter to use transportation (private and public) selected by the camp director. My daughter has my permission to attend any field trips. I will otherwise notify the camp director, in writing, if my daughter does not have my permission to attend any particular field trip. I HAVE READ ALL NECESSARY INFORMATION AND AGREE TO ABIDE BY ALL REGULATIONS.

I understand that the completed camper health and physical form must accompany my daughter to the program. I also understand that the physical form must be completed by a physician within 24 months prior to attending.

Parent/guardian's signature _____ Date _____