



BRING THIS FORM TO CAMP WITH YOU. DO NOT MAIL AHEAD.

Health Examination Form

Please note that if this form is not notarized, the camp physician and/or hospital may not treat the camper.
This form is to be filled in by parent or staff member within 1 month prior to arrival at camp.

Name: _____ DOB _____ Age _____
(last name, first name)

Home address: _____
(street, city, state, zip)

Home phone: _____ Spouse (if applicable) _____

Mom Name _____ Dad Name _____

Mom cell _____ Dad cell _____

Mom work _____ Dad work _____

Additional Emergency Contacts if parents (spouse) can't be reached:

1. _____
Name Relationship phone

_____ Street city state zip alternate phone

2. _____
Name relationship phone

_____ Street city state zip alternate phone

Health History: Check. Give approximate dates.

_____ frequent ear infections

_____ convulsions

_____ diabetes

_____ bleeding/clotting disorders

_____ hypertension

_____ mononucleosis

_____ ADD

_____ psychiatric treatment

Diseases:

_____ chicken pox

_____ measles

_____ German measles

_____ mumps

Allergies: Dates not needed.

_____ hay fever

_____ poison ivy, sumac, oak

_____ insect stings

_____ penicillin

_____ bee stings

_____ peanuts/peanut butter

_____ milk/dairy

_____ other (specify)

_____ asthma

Note: All medication brought to camp must be listed below. This includes vitamins. It is not necessary to send Acetaminophen, etc. These will be provided if necessary.

Are you sending any medication to camp with this camper? _____ If "yes" what medication? _____

Reason for taking: _____

Operations or serious injuries: _____

Chronic or recurring illness: _____

Drug Allergies (list drug and reaction): _____

Has the camper/staff been exposed to any communicable diseases during the three weeks prior to camp? _____ If "yes", what disease? _____

PLEASE NOTE: ALL MEDICATION MUST BE IN ORIGINAL CONTAINER FOR CAMP HEALTH SUPERVISOR TO LEGALLY DISPENSE TO CAMPER.

Are immunizations up to date? _____ Date of last tetanus shot _____

Is there anything else the health supervisor should know about this camper to give them a more enjoyable time at camp? _____

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except those noted.

Authorization for 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 me/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. Photocopies of this form are considered as valid as the original and maybe used for trips out of camp. I also realize I am responsible for any and all medical bills incurred.

Signature of parent/guardian

Signature of camper

Full name of health insurance company

Family Physician: _____

Mailing address of insurance company

Address: _____

Complete name of subscriber

Phone: _____

Subscriber Social Security Number

Notary

Date

DOB ____/____/____

My commission expires:

Seal:

Camp Use Only

____ head ____ throat ____ feet ____ temp

Signature of Health Care Supervisor