



**Health Form**

**(COPY OF CURRENT SHOT RECORD MUST BE SENT WITH HEALTH FORM)**

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Male/Female (circle one)

Parent or Guardian: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) Cell Ph: \_\_\_\_\_

If not available in an emergency notify:

1. \_\_\_\_\_ Home Ph: \_\_\_\_\_ Other Ph: \_\_\_\_\_

2. \_\_\_\_\_ Home Ph: \_\_\_\_\_ Other Ph: \_\_\_\_\_

**HEALTH HISTORY** (check all that apply from list below)

DISEASES		ALLERGIES	
Heart defects/ disease		Insect stings/Bites	
Convulsions		Penicillin	
Diabetes		Foods	
Bleeding/Clotting Disorders		Other Drugs	
Asthma			
Other			

Details of items checked above: \_\_\_\_\_

Recent operations and dates: \_\_\_\_\_

**All medications must be turned in to the camp nurse at the time of registration. Please place medications in Ziploc bag with name clearly written on bag. Please do not send Tylenol, Advil, Pepto, TUMS, or any other common over the counter drugs, the camp nurse will supply these medications as needed.**

In the space provided below, please list the name of the medications being sent to camp, dosage amounts and frequency, and special instructions. If more space is needed, please us space provided on back side of this form.


**IMPORTANT: Both sides of this form must be completed**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Recommendations and restrictions while at camp

Activities to be encouraged: \_\_\_\_\_

Activities to be restricted: \_\_\_\_\_

Swimming/water restrictions: \_\_\_\_\_

Other: \_\_\_\_\_

If there is any special situation/instruction you feel is important for the camp staff to be aware of, please explain in the space provided below:

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Additional Medication Information

Medication Name	Dosage Amount	How Often	Special Instructions

**IMPORTANT: Please notify the camp nurse if this camper has been exposed to any communicable disease (chicken pox, strep throat, etc.) during the three weeks prior to attending camp.**

**PARENT'S AUTHORIZATION**

The health history is current so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician.

I hereby give permission to the physician selected by the camp Director to order x-ray's, routine test, and treatment for the health of my child, and in the event I cannot be reached in an emergency, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as name above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian)