

Health Form
Attachment B

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

Birth Date: _____ Sex: _____ Age: _____

Parent or Guardian Name: _____

Home Address (Street and Number): _____

City: _____ State: _____ Zip: _____

Phone Number: _____

If parent or guardian above is not available in an emergency, please call:

1. _____ Phone: _____

2. _____ Phone: _____

Health History (Check, giving approximate dates)

Ear Infections _____ Hay Fever _____

Ivy Poisoning _____ Asthma _____

Convulsions _____ Insect Bites _____

Diabetes _____ Penicillin _____

Behavior/ADD/ADHD _____ Other Drugs _____

Operations or Serious Injuries (Dates): _____

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks 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 an 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: _____

A participant shall not be permitted to attend a particular clinic unless this health form, or a similar document with a doctor's signature is completed and returned to the appropriate clinic staff no later than the day of registration.

Doctor's Name (Print): _____

Doctor's Signature: _____ Date: _____

