

### Health Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If not available & in case of Emergency, please contact:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Health History: (Please circle and provide approximate dates)

Ear Infections	Ivy Poisoning	Convulsions
Diabetes	Hay Fever	Asthma
Insect Bites	Penicillin	Behavior/ADD/ADHD

Other Drugs:

Operations or Serious Injuries:

Allergies:

***Important: Please notify the camp if this camper is exposed to any communicable disease 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 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: \_\_\_\_\_