



**HEALTH HISTORY**

The Health History and Examination Form is to be completed ANNUALLY by parents/guardians of minors or by adult campers/staff members themselves.

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First Initial

Home Address \_\_\_\_\_  
Street & Number City State Zip

1<sup>st</sup> Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2<sup>nd</sup> Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In what order would you like us to contact you? \_\_\_\_\_

**Health History:**  
(Check, give appropriate dates.)

Frequent Ear Infections  
 Heart Defect/Disease  
 Convulsions  
 Diabetes  
 Bleeding/Clotting Disorders  
 Hypertension  
 Mononucleosis  
 Psychiatric Treatment

**Diseases**

Chicken Pox  
 Measles  
 German Measles  
 Mumps

**Allergies** (dates not needed)

Hay Fever  
 Ivy poisoning, etc.  
 Penicillin  
 Other Drugs

Asthma  
 Other (Specify) \_\_\_\_\_

Has this camper been on any medication within the last six months? \_\_\_\_\_  
 If yes, please explain. \_\_\_\_\_  
 Has this camper ever required any psychiatric counseling or hospitalization? \_\_\_\_\_  
 Explain \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_  
 Disability or chronic or recurring illness \_\_\_\_\_  
 Activities encouraged or limited by physician \_\_\_\_\_  
 Dietary modifications \_\_\_\_\_  
 Other diseases or details of above \_\_\_\_\_  
 Name of dentist / orthodontist \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of last physical examination \_\_\_\_\_  
 Do you carry family medical/hospital insurance? \_\_\_\_\_  
 If so, indicate: Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_  
 Suggestions or health related information for camp personnel \_\_\_\_\_

Important – The Box Below must be completed annually for Attendance\*

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 as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine test, treatment and necessary transportation for me/or 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. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

\* If for religious reasons you cannot sign this, then the camp must be contacted for a legal waiver which must be signed for attendance.