

Specify the week(s) child is attending: _____

Personal and Health History Form

(This form to be completed by parent of minors or by staff members themselves)

Camper's Name: _____ Birthdate: ____/____/____ Sex: _____ Age: _____
Last First Initial

Parent or Guardian (or Spouse) _____

Home Address: _____ Home Ph: _____
Street & Number City State ZIP

Bus. Address: _____ Bus Ph: _____
Street & Number City State ZIP

Second Parent or Guardian or Emergency Contact: _____

Home Address: _____ Home Ph: _____
Street & Number City State ZIP

Bus. Address: _____ Bus Ph: _____
Street & Number City State ZIP

If not available in an emergency, notify:
Name: _____ Phone: _____

Address: _____
Street & Number City State ZIP

Health History

Check/Give approximate Dates

Diseases		Allergies
_____ Frequent Ear Infection	_____ Mumps	_____ Ivy Poisoning, etc.
_____ Heart Defect/Disease	_____ Chicken Pox	_____ Hay Fever
_____ Convulsions	_____ Measles	_____ Insect Stings
_____ Diabetes	_____ German Measles	_____ Penicillin
_____ Bleeding/Clotting Disorders		_____ Other Drugs
_____ Hypertension		_____ Asthma
_____ Mononucleosis		_____ Other (specify)

Operations or serious injuries (dates) _____

Chronic or recurring illness or medical condition _____

Dietary Restrictions _____

Current Medications (send with instructions) _____

Other Diseases _____

Name of Dentist/Orthodontist _____ Phone: _____

Name of Family Physician _____ Phone: _____

Do you carry family medical/hospital insurance? YES NO

If so, indicate: Carrier _____ Policy or Group #: _____

IMPORTANT - THIS BOX MUST BE COMPLETED AND SIGNED FOR ATTENDANCE*

The health history is correct so far as I know, and the person herein described has my 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 tests, treatment, to release any records necessary for insurance purposes. 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 the person named above. This form may be photocopied for trips out of camp.

Signature of Parent/Guardian: _____

Witness: _____ Date: _____

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