

Health History Form

Please print group name above

ALL campers MUST complete entire form per ACA standard HW-2. NEW!! This form is to be completed by the custodial parent or guardian.

Check Box 1, (please print) _____, am 18 years of age or older and I am declining to provide this information. Signature _____ Date _____

Camper Information: MANDATORY - ALL FIELDS ARE REQUIRED TO BE FILLED OUT

Camper's Name _____ Age Group _____ Dates of Camp _____

Height _____ Weight _____ Birth date ____/____/____

Camper's Address _____

In case of an emergency, notify _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ Alternate Phone _____

Insurance and Physician Information

Camper's Insurance Company _____ Insurance Policy Number _____

Camper's Physician _____ Phone _____

The following sections MUST be completed.

Immunizations (Please give month/year)

Tetanus ____/____ TB ____/____ DPT ____/____ MMR ____/____ Polio ____/____ Hepatitis B ____/____

Allergies (Please check yes or no)

Hay Fever Yes No Penicillin Yes No Sulfa Yes No Other Drugs Yes No

Bee Sting Yes No Poison Ivy/Oak Yes No Foods Yes No Other _____

Health History (Please check yes or no—Attach separate sheet for explanations, if necessary)

Asthma Yes No Bed Wetting Yes No Fainting Yes No Ear Infection Yes No

Sinus Condition Yes No Seizures Yes No Diabetes Yes No Heart Disease Yes No

Hyperventilation Yes No Athlete's Foot Yes No ADHD/ADD Yes No Skin Disease Yes No

Other _____

Please explain any 'Yes' answers _____

Recent illness or surgery (please explain) _____

Recent exposure to communicable disease (please explain) _____

Is camper in good health and able to participate in all normal camp activities? Yes No

Please explain any restrictions _____

*Signature _____ Date _____

*If the camper is a minor this form must be signed by the adult responsible for the camper. Relationship to Camper _____

Current Medications

Does the camper have medication? Yes No

Health regulations require minor campers to turn in all medications in their original containers, clearly marked with name, drug and dosage to the group's nurse, under whose supervision all medications will be administered.

Consent and Emergency Treatment Authorization:

In the event that I cannot be reached in an emergency or I, myself, am injured or in need of emergency medical care, I do hereby give my consent for the above named camper to receive such emergency treatment as deemed necessary by an attending physician.

Parent/Guardian Signature _____ Date _____

Over-the-Counter medication of any kind (including aspirin and Tylenol/Acetaminophen) will not be dispensed to campers in attendance at camp without the express permission of the custodial parent/guardian.

Do you authorize over-the-counter medication? Yes No

Parent/Guardian Signature _____ Date _____

