

# Camp Health Record

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_ Sex: Male or Female

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent and/or Guardian (for camper's under the age of 18) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## Health History

- |   |   |  |
|---|---|--|
| Asthma <input type="checkbox"/>         | Diabetes <input type="checkbox"/>           | Convulsions <input type="checkbox"/>     |
| Hay Fever <input type="checkbox"/>      | Epilepsy <input type="checkbox"/>           | Heart Condition <input type="checkbox"/> |
| Food Allergies <input type="checkbox"/> | Allergic to Horses <input type="checkbox"/> | Bed Wetting <input type="checkbox"/>     |

Other Allergies, Illnesses or Diseases \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

## Recommendations and Restrictions while at Camp

Special Diet \_\_\_\_\_

Medication \_\_\_\_\_

Swimming or Boating \_\_\_\_\_

Ropes & Challenge Course or Climbing Wall \_\_\_\_\_

Strenuous Activities \_\_\_\_\_

Other \_\_\_\_\_

**Important: Please notify your group leader if participant has been exposed to any communicable diseases during the three weeks prior to your arrival to camp.**

**Medical Authorization:** This health history is correct so far as I know, and the person here in described has permission to engage in all prescribed camp activities, except noted by me or the examining physician. In the event of an Emergency, I hereby give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent and/or Guardian if Participant is under 18 years

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name on the Policy \_\_\_\_\_