

# HEALTH HISTORY INFORMATION

Name: \_\_\_\_\_

Date of last health examination: \_\_\_\_\_  
( a physical is not required)

**Immunization:**  DPT                       Polio                       Measles/Rubella

Date of last Tetanus shot: \_\_\_\_\_

**Skin Diseases:** Y / N                      If Yes, please explain: \_\_\_\_\_

**Allergies:**             Hay Fever \_\_\_\_  Insect stings             Penicillin             Asthma

Other Drugs \_Other: \_\_\_\_\_

List any chronic condition or physical activity that might affect camp life: \_\_\_\_\_

Dietary Restrictions (i.e. vegetarian, lactose intolerant, etc...): \_\_\_\_\_

May acetaminophen/ ibuprofen be administered in needed?    Y / N

Female: Has this person menstruated?    Y / N            If not, has it been discussed?    Y / N

If yes, is her menstrual history normal?    Y / N            Special Consideration:

Has your child been to camp before?    Y / N

Other suggestions that may help make your camper's week more enjoyable: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_                      Policy #: \_\_\_\_\_

Company Address: \_\_\_\_\_

Holder's Name: \_\_\_\_\_                      Family Doctor: \_\_\_\_\_

Family Doctor's Phone #: \_\_\_\_\_

To the best of my knowledge all registration and health information for the person described herein is correct. I give my permission for my child to participate in all camp activities, including the Challenge Course, except as noted here: \_\_\_\_\_ and I agree that the camp or its staff will not be held responsible for accidents or personal injury arising there from. I authorize the medical personnel or staff elected by the camp executive director to secure any medical treatment deemed necessary for the person named above. The camper's parent/guardian is the primary carrier of accident/health insurance. I also grant permission for my child's photo to be used in camp publications.

Signature of Parent/Guardian  
or Adult Camper: \_\_\_\_\_                      Date: \_\_\_\_\_