

Health History

Camper Name: _____ DOB: _____

Parent or Guardian: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

(Leave blank if only 1 parent/guardian)

Parent or Guardian (2): _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Address: _____

(Leave blank if only 1 parent/guardian)

Address (2): _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Professionals

Physician: _____ Profession: _____ Phone: _____

Physician: _____ Profession: _____ Phone: _____

Physician: _____ Profession: _____ Phone: _____

Insurance

Policy Holder's Name: _____ Ins ID or SSN: _____

Policy Holder's DOB: _____ Policy Holder's Relationship: _____

Policy Number: _____ Group Number: _____ RX Bin: _____

Insurance Carrier: _____ Carrier Phone: _____

Claims Processing Address:

Physical Health History (Check all applicable)

Explain

- Head Injury _____
- Immunodeficiency _____
- Mono (in the last 12 months) _____
- Anorexia, Bulimia _____
- Heart Murmur _____
- Orthodontic appliance _____
- Back Problems _____
- High Blood Pressure _____
- Seizures, Convulsions _____
- Bed Wetting _____
- Glasses, Contacts _____
- HIV _____
- Diabetes _____
- Asthma _____
- Sleep Walking _____
- Other Issues _____

Allergies (List all allergies and reactions, plus medications)

Recurring Health Issues

Operations and Serious Injuries

Other Issues

Prescription Medication (Please list all prescription medications your child is taking regularly)

Terms & Conditions

EMERGENCY AUTHORIZAZTION: I hereby give permission to the medical personnel selected by the Camp Manager to order x-rays, routine tests and treatments for my child in the event I cannot be reached in an emergency. I hereby give permission for the physician selected by the Camp Manager to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child named above in the event of an emergency. This form may be photocopied for use out of camp. By my signature I affirm that this health history is correct & complete to the best of my knowledge and that I have read, understood and agree to the Terms & Conditions specified in this form.

Signature _____ Date _____