



Camper Health Form: Grades K-9



Camper Full Name		Date of Birth	Gender	Grade (Fall 2019)	Date (Last Physical)
Name of Family Physician		Phone # of Family Physician		Date of Current Tetanus	
Family Address		Family Phone Number	School/Child Care attending prior to this camp season		
Parent/Guardian #1 Name		Email		Cell Phone Number	
Parent/Guardian #2 Name		Email		Cell Phone Number	
Emergency Contact #1 Name		Relationship		Phone Number	
Emergency Contact #2 Name		Relationship		Phone Number	

_____ My child's immunizations are up-to-date and on-file at my child's school.

Initial

Please explain any "yes" answers on the back of this form.

1. Yes No Any allergies (food, insects, medication, etc.)?
2. Yes No Any concerns about general health (eating and sleeping habits, asthma, weight, etc.)?
3. Yes No Any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
4. Yes No Any prescription medication (daily or occasionally)?
Prescription drugs must be in the original pharmacy bottle, including time medication is to be administered. An Authorization for Medication Form must be signed by the parent/guardian.
5. Yes No Any other specific illnesses, social/emotional challenges, or behavior problems?
6. Yes No Any hospitalization, operation or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problems)?
8. Yes No Any particular fears, phobias or aversions (i.e. water, storms, bees, etc.)?
9. Yes No Would you like to discuss anything about your child's physical, mental or behavioral health with the Camp Director?
10. Yes No My child has an IEP or 504 Plan. If yes, please share a copy of this with the camp office prior to May 24. This will help us ensure the most successful experience for your child this summer.
11. Yes No My child receives speech services, occupational therapy or physical therapy (please circle).
12. Yes No My child receives early intervention services, Behavior Intervention Planning or social skills training (please circle).
13. Yes No My child will wear the following at camp: eyeglasses contact lenses braces hearing aid(s) insulin pump

I certify that my child as named above has received all immunizations required within 1 year of May 31, 2019.

Patient Authorization: This health history provided herein is correct and complete in every sense. The camper herein described has permission to engage in all camp activities except as noted herein. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for the camper. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named above.

Parent/Guardian Signature	Date
---------------------------	------

_____ Staff Initial