

ON IV – ALLERGIES

CAMPER NAME: _____

camper have allergies? Yes No

ay Fever Poison Ivy/Oak Insect Stings Penicillin Other Drugs Other _____

Allergies, describe reaction and treatment

ON V – IMMUNIZATIONS

ur camper has **not** been fully immunized, please sign the following statement: I understand and accept the risks to my child from not g fully immunized.

ature of Custodial Parent/Guardian: _____ Date: _____

tionship to camper: _____

erecord the month and year of immunizations. If you do not know the dates or whether camper has had certain immunizations, simply blank.

Diphtheria, Pertussis, Tetanus)	HIB (Haemophilus Influenza B)
anus Booster	TB (Tuberculosis test)
(Polio)	Varcilla (Chicken Pox)
R (Measles, Mumps, Rubella)	Hepatitis B
atitis A	

ON VI – DIETARY/ALLERGIES

camper have dietary restrictions? Yes No

Does camper have food allergies? Yes No

en-Free? No Yes

Vegetarian? No Yes

wn allergies to food? (allergens, such as peanuts and other nuts may be used and your child might come in contact with these gens) No Yes If yes, please list.

ON VII – HEALTH HISTORY

know we value your privacy. Health History information is available only to the designated first aid staff. The more information you provide, th we can do our job. Thanks!!

ne camper have a history of or prone to any of the following? Please check all that apply.

- 8. Chest pain during or after exercise
- 9. Heart Defect/Disease
- 10. Hypertension
- 11. Bleeding/Clotting Disorders
- 12. Diabetes
- 13. Mononucleosis (in last 12 months)
- 14. Chicken Pox
- 15. Measles
- 16. German Measles
- 17. Mumps
- 18. Tuberculosis
- 19. Hepatitis
- 20. Joint problems (knees, ankles)
- 21. Been hospitalized
- 22. Frequent Headaches
- 23. Head Injury
- 24. Eating Disorder
- 25. Diarrhea or constipation
- 26. Frequent Stomachaches
- 27. Wears glasses or contact
- 28. Attention deficit disorder (ADD)
- 30. Attention deficit/hypera disorder (AD/HD)
- 31. Fainting

ere list the number and provide explanation of any checked items.

SECTION VII – HEALTH HISTORY (CONTINUED)

CAMPER NAME: _____

Time of Last Physical Exam (recommended within 24 months of camp) _____

Participant Limitations:

Special Activities to be limited or restricted while at camp.

Is your camper in good health and able to participate in all normal camp activities? Yes No (if NO list restrictions) _____

SECTION VIII – AUTHORIZATION

In any way limiting the extent or scope of the following, I (we) agree to promptly notify the Camp of any new needs, conditions, restrictions or information of or affecting the above-named Child's involvement in the Camp or any of its activities, events, leadership, programs, staff supervision and to withdraw Child from any of the same that the Child is or should be restricted or prohibited from engaging in. Such needs, conditions, and restrictions include, without limitation, any food, chemical, and/or other allergies or susceptibilities and any other kinds of health conditions, limitations, or needs (such as, without limitation, any physical, emotional, or mental conditions or illnesses). I also agree to notify the Camp promptly upon any change to any of the same or any of the above contact information.

The Child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known by camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in event of illness or injury.

Signature of Parent or Guardian _____ Date _____

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