

Health Information

(Form must be completed and turned in with registration in order to be processed. Information is gathered to assist us in identifying appropriate care.)

Camper's Name _____ Age _____ Birthday _____ Male/Female _____

Immunization History *(All forms expire annually)*

Please record the date (month and year) of basic immunizations and recent booster doses. Please make a personal copy of the following for your records and for future registration purposes. (A copy of immunization records from a doctor or school can be given in lieu of filling out the immunization information).

| Vaccine | Date | | | Date | | | Date | | |
|--|------|----|----|------|----|----|------|----|----|
| | MM | DD | YY | MM | DD | YY | MM | DD | YY |
| Diphtheria/Pertussis/Tetanus (DPT) | | | | | | | | | |
| Tetanus/Diphtheria | | | | | | | | | |
| Tetanus | | | | | | | | | |
| Oral Polio (sabin) TOPV | | | | | | | | | |
| Injectable Polio (Salk) | | | | | | | | | |
| Injectable Polio (Salk) | | | | | | | | | |
| Measles (hard measles, red measles, rubella) | | | | | | | | | |
| Mumps | | | | | | | | | |
| Rubella (German measles, 3-day measles) | | | | | | | | | |
| Tuberculin test given (most recent) | | | | | | | | | |
| Haemophilus Influenza B (HIB) | | | | | | | | | |
| Hepatitis B | | | | | | | | | |

Health History

1. Has camper been hospitalized or had operations, serious injuries, fractures, etc. in the past five years? Yes _____ No _____
If yes, please give dates and details:

2. Does camper have any chronic or recurring illness or conditions? Yes _____ No _____
If yes, please give dates and details: *(Any special medical/physical accommodations may require 2 weeks advance notice for us to meet the child's needs).*

3. Should any activities be encouraged or limited?

4. List current medication(s) – send with instructions *(Medications may not be stored overnight at camp. Medications must be checked in at the front desk on a daily basis. Medications must be in original prescription bottle):*

5. List Allergies: _____

6. If applicable – suggestions on health-related information for camp personnel:

This history is correct so far as I know, and herein described has permission to engage in all prescribed camp activities as noted. Authorization of treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment release and records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I can not be reached in an emergency I hereby give my permission to the physician selected by the camp director to secure and administer treatment including hospitalization, for the person named above. The completed forms may be photocopied for use out of camp.

Signature of parent/guardian _____ Date _____