



CAMPER'S HEALTH HISTORY

Name _____ Birth Date _____ Sex _____ Age _____
School _____ Entering Grade _____
Home Address _____ Primary Phone _____
Primary Email _____
Parent's Name _____ Parent's Name _____
Cell Phone _____ Cell Phone _____
Work Phone _____ Work Phone _____
Emergency Contact _____ Phone _____

List any allergies: _____

List any required medications that will come to camp _____
_____ Medication MUST be in the original container (prescription drugs MUST have prescription label affixed to it) All medication MUST be signed in by the parent or guardian at the camp office.

List any condition(s) or impairment that may affect youngster's activities while attending camp _____

In order to register for camp you MUST include, along with this COMPLETED form, a copy of your child's current Health Form from your pediatrician. The health form must have your child's immunization dates and the physician's signature and physical must have occurred within one year.
WE WILL RETURN ANY REGISTRATION THAT DOES NOT HAVE THIS INFORMATION

Name of Dentist _____ Phone _____

Name of Physician _____ Phone _____

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization of Treatment: I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Any prescribed medications require a doctor's prescription and parental permission. Over the counter medications need parental permission. All medication must be brought to the camp office prior to the start of camp.

Signature of Parent or Guardian _____ Date _____

FOR OFFICE USE ONLY

- Day Tricon
 Dance Spotlight

CAMPS ENROLLED

- Extended Day Trip/Adventure
 Gymnastics MS Minis