

Health History and Examination Form for Children, Youth and Adults Attending Camps.
NOTE - THIS FORM MUST BE READ AND SIGNED BEFORE THE CAMPER IS ALLOWED TO TAKE PART IN ANY CAMP PROGRAM. BY SIGNING THIS FORM, THE PARENT AND CAMPER AFFIRM HAVING READ IT.

Name _____	Address _____
Parent Guardian _____	Home Phone: _____ Business Phone: _____
2nd Guardian or Emergency Contact: _____	Address _____
Emergency Contact: If not available in an emergency, notify:	Home Phone: _____ Business Phone: _____
Name _____	Home Phone: _____ Business Phone: _____

Parents, please complete

Health History <i>(Check. Give approximate dates)</i>	Operations or serious injuries <i>(dates)</i> _____
<input type="checkbox"/> Frequent Ear Infections	_____
<input type="checkbox"/> Heart Defect / Disease	_____
<input type="checkbox"/> Convulsions	Chronic or recurring illness or medical condition _____
<input type="checkbox"/> Bleeding / Clotting Disorders	_____
<input type="checkbox"/> Hypertension	Dietary restrictions _____
<input type="checkbox"/> Mononucleosis	_____
Diseases	Current medications <i>(send with instructions)</i> _____
<input type="checkbox"/> Chicken Pox	_____
<input type="checkbox"/> Measles	Other diseases _____
<input type="checkbox"/> German Measles	_____
<input type="checkbox"/> Mumps	Name of Dentist/Orthodontist _____ Phone _____
Allergies <i>(Dates not needed)</i>	Name of family physician _____ Phone _____
<input type="checkbox"/> Hay Fever	Do you carry family medical/hospital insurance? Yes No
<input type="checkbox"/> Ivy Poisoning, etc.	If so, indicate: Carrier _____ Policy or Group # _____
<input type="checkbox"/> Insect Stings	_____
<input type="checkbox"/> Penicillin	_____
<input type="checkbox"/> Other Drugs	_____
<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Other <i>(Specify)</i> _____	_____
_____	_____
Suggestions on health related information for camp personnel _____	