

CAMP TIMBERS BASIC HEALTH HISTORY FORM

(Required for camp participants)

Name _____ Birth Date _____ Sex _____ Age _____
Last First M.Initial

Parent or Guardian _____ Phone _____

Home Address _____
Street & Number City State Zip

If not available in an emergency notify:

1. _____ Phone _____
Name Area Code & Number

Street & Number City State Zip

or
2. _____ Phone _____
Name Area Code & Number

Street & Number City State Zip

HEALTH HISTORY: (Check - giving approximate dates)

		<u>Allergies</u>			<u>Diseases</u>
Ear Infections	_____	Hay Fever	_____	Chicken Pox	_____
Bleeding/Clotting Disorders	_____	Ivy Poisoning, etc.	_____	Measles	_____
Convulsions	_____	Insect Stings	_____	German Measles	_____
Diabetes	_____	Penicillin	_____	Mumps	_____
Behavior (ADD/ADHD)	_____	Other Drugs	_____	Asthma	_____

Operations or Serious Injuries (Dates) _____

Chronic or Recurring Illness _____

Other Diseases or Details of Above _____

Current Infectious Diseases _____

Additional Comments _____

INSURANCE INFORMATION:

Do you carry family medical/hospital insurance? _____ If so, indicate: Insurance Name _____

Policy or Group # _____ Name of Policy Holder _____

Relationship to camper _____ Social security number or ID number of policy holder _____

****Important--This Box Must be Completed for Attendance****

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. *Emergency Authorization:* I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp.

Signature of parent or guardian _____

Witness Signature _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities: Signature of minor _____

****If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.***

IMMUNIZATION HISTORY:

Please give date for last immunization for:

(Must be completed with dates for admission to camp.)

DATE	VACCINE
_____	DTP or TD (tetanus/diphtheria)
_____	Tetanus
_____	Polio
_____	Measles (hard or red measles), Mumps & Rubella
_____	Haemophilus Influenza B
_____	Hepatitis B
_____	Tuberculin test Results: _____ <i>(Test Not Mandatory)</i>

Recommendations and restrictions while in camp.

Special Diet _____

Current Medications – Description and schedule _____

Is parent sending it? _____

Any specific activities to be encouraged, limited or restricted: _____

Other _____