

Health Form

Physical & Immunization



Both the Release of Liability and Health Form must be filled out IN FULL, signed and returned by June 15. Faxed copies will NOT be accepted. Campers will not be allowed to participate without BOTH the Release of Liability and Health Forms completed IN FULL.

Camper Information

First Name: MI: Last Name:

Gender: Male Female

Age: _____ Height: _____ Blood Pressure: _____

Years: _____ Weight: _____

Months: _____

IMMUNIZATION HISTORY

Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
DPT (Diphtheria, Pertussis, Tetanus)					
TD (Tetanus, Diphtheria)					
Tetanus					
Polio					
MMR (Measles, Mumps, Rubella)					
Hepatitis B					
Varicella (Chicken Pox)					
Other					

CHECK IF NORMAL OR GIVE DETAILS

Eyes _____ Vision _____ Skin _____

Hearing _____ Teeth _____ Heart _____

Muscle/Skeletal _____ CNS _____ Throat _____

Posture _____ Abdomen _____ Lungs _____

KNOWN ALLERGIES AND TREATMENT

Food: _____ Is the child currently under the care of a physician? Yes No

Medication (s): _____ If yes, why? _____

Environment: _____ Current medications of treatment: _____

Insect (s): _____ Medications (name) taken at camp: _____

Physical restrictions on camp activities: _____

MEDICATION POLICY

Please list all prescription medication, and any over-the-counter or nonprescription drugs, taken routinely. A sufficient supply of medication (enough to last the entire enrollment at camp) must be brought to the nurse. Please remember to keep the medication in the original, packaged container that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. A Medical Authorization form must be signed by the parent

Additional health information _____

I have examined this child herein described and it is my opinion that this child is able to engage in and participate in all camp activities unless otherwise noted above.

Licensed physician signature _____

Address _____ Telephone _____ Examination Date _____

EMERGENCY MEDICAL CARE RELEASE

In the case of a medical emergency involving my child/ward, I understand that every effort will be made to contact me or other parent/guardian/emergency contact person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the camp to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery, or other medical procedures necessary for my child. **I also understand that my child's reservation may be cancelled if the necessary Health and Release of Liability forms have not been received by June 15.**

Parent/Guardian Signature: _____

Date: _____