



Winter Camp Programs Health History Form

Please fill this form out completely. We cannot use forms from previous years.
 Children without completed Health History Forms will not be permitted to attend any camp programs.
 Our staff may need this information in the event your child needs medical attention.

Child's Name _____ **Birth date** _____ **Sex** ___ **Age** _____

Parent or guardian 1 _____

Home Address _____

Home Phone (_____) _____ - _____ Work Phone: (_____) _____ - _____

Parent or Guardian 2 _____

Home Address _____

Home Phone (_____) _____ - _____ Work Phone: (_____) _____ - _____

If parent/guardian is not available in an emergency, notify:

Name _____ Relationship: _____

Home Phone (_____) _____ - _____ Work Phone: (_____) _____ - _____

Does your child...

➔Have allergies to foods, medicine or anything else? _____

➔Have a special diet to follow while in our program? (Kosher, vegetarian, etc...) _____

➔Need to take medication while in our program? If so, please list the medications.

At the start of camp, we will request written instructions from you before administering medication to your child.

Does your child have any special needs? Yes No

If yes, what are those needs? Please explain in detail: _____

Please check the appropriate spaces that apply to your child. If you check "yes," please provide a brief explanation.

Special activities restrictions _____

Serious injuries or operations (in the past 3 years) _____

Hospitalized (How many times) _____

Diabetes _____

Jaundice _____

Bleeding/Clotting Disorders _____

Lung Disease _____

Heart Trouble _____

Convulsions _____

Asthma _____

Other medical concerns _____

Must wear glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has fainted recently	<input type="checkbox"/> Yes <input type="checkbox"/> No
Must wear contact lenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bed wets	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has frequent nose bleeds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleep walks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a prosthesis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a hearing loss	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has your child had any of the following:

Chicken Pox Measles German Measles Mumps Hepatitis A Hepatitis B Hepatitis C

Female only:

Has your daughter menstruated? _____ If not, has she been told about menstruation? _____

Please provide us with specific medical information listed below:

Name of child's physician _____ Phone _____

Address _____ City/Zip _____

Health Insurance Information

Medical Insurance Company _____

Policy Number _____

Group Number: _____

Immunization History

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

VACCINE	MO/YR	MO/YR	MO/YR	MO/YR	MO/YR	MO/YR
DTP						
TD						
Tetanus						
Polio						
MMR						
or Measles						
or Mumps						
or Rubella						
Haemophilus influenza B						
Hepatitis B						
Varicella (chicken pox)						

TB Mantoux Test

Date of last test: _____ Result: Positive Negative

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. AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. To my knowledge, all allergies for the named participant are listed on the form above. The completed form may be photocopied for trips out of camp.

Signature of parent or guardian _____

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