

HEALTH RECORD FORM

This record to be filled in by the parent or guardian. FAILURE TO COMPLETE AND SEND THIS FORM TO CAMP WILL CAUSE THE CAMPER TO NOT BE REGISTERED IN THE CAMP. THE STATE OF COLORADO REQUIRES THIS COMPLETED FORM.

Please take this form with you to your family medical practitioner for your child's camp physical.

Child's Name: _____

Date of Birth: (mm/dd/yy) _____ Sex: M ___ F ___

Address: _____

City: _____ ST. _____ Zip _____ phone _____

Insurance Company: _____ Group# _____

Family Physician's Name: _____

Address: _____ City _____ ST. _____ phone _____

Parent's/Guardian's Names _____

Mother's phone: Home _____ Work _____ Cell _____

Father's phone: Home _____ Work _____ Cell _____

Please list the name address and phone number of two additional persons to contact in case of an emergency:

Name: _____ phone: _____

Address: _____ City _____ ST _____ Zip _____

Name: _____ phone: _____

Address: _____ City _____ ST _____ Zip _____

Please list past history of serious injuries, illnesses, including seizures, allergies, and any special medical diet or medications the camper is using:

STATE REQUIREMENT: Please attach a current record of your child's immunizations including their last Tetanus shot. If you are claiming religious exemption please attach a statement to such effect, giving the reason for such exemption and that the child is in good health. This must be signed by the parent or legal guardian.

In case of an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment (including surgery) for my child. The information provided by me on this form is complete to the best of my knowledge.

Date _____

The state of Colorado requires (Parent or guardian signature)

I have examined this potential camper and found him/her to be in satisfactory physical condition, free from any contagious disease and capable of active participation in a regular camp program except as follows:

Your Family Medical Practitioner's Signature

Date