

## HEALTH RECORD FORM

for summer camps only (READ CAREFULLY and fill out ALL areas.)

▶ This record to be filled out ANNUALLY by the parent or guardian and completed by your medical practitioner or Naturopath. FAILURE TO COMPLETE AND SEND THIS FORM TO CAMP WILL CAUSE THE CAMPER TO NOT BE REGISTERED IN THE CAMP.

Child's Legal Name: \_\_\_\_\_

Date of Birth: (mm/dd/yy) \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Nickname or other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_ phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group# \_\_\_\_\_

Medical person your child sees for physicals: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ phone \_\_\_\_\_

Parent: Please list past history of serious injuries, illnesses (including seizures), allergies, surgeries, and any special medical diet or medications including over-the-counter medications, vitamins and supplements, or essential oils the camper is using. Space available on the back of this form if more is needed.

Injuries and illnesses: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please List all Current Medications/supplements, OTC medications including pain reliever/fever reducers, essential oils, your child takes or is allowed to have and/or any medical diet. More space is available on the back.

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. I give my permission for the camp medical person to provide First Aid treatment in case of an injury and administer the above listed over-the-counter and prescriptive medications to my child as needed. The information provided by me on this form is complete to the best of my knowledge and I confirm that my child is in good physical health and able to attend camp.

I verify that my child is up-to-date on their immunizations. Date of last Tetanus: \_\_\_\_\_

I verify that I am choosing immunization exemption for my child.

My child has my permission to carry their own inhaler and or epi pen with them at all times. They have been instructed in safe self-administration practices.

▶ [ \_\_\_\_\_ ] [ \_\_\_\_\_ ]

Parent or legal guardian signature (REQUIRED) Date

▶ For Medical Practitioner or Naturopath (person who conducted your physical): I last examined the above-named potential camper on \_\_\_\_\_ (mm/dd/yyyy within the last 23 months) 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 at that time, except as listed below.

Activities not approved: \_\_\_\_\_

Please circle NA if this child does not use an inhaler/epi pen. NA

Inhaler/Epi Pen Use exception: I verify the above-named child may carry their own inhaler/epi pen and self-administer as needed. They have been instructed in safe self-administration practices. \_\_\_Yes \_\_\_No

▶ [ \_\_\_\_\_ ] [ \_\_\_\_\_ ]

Medical Practitioner's Signature (REQUIRED)

mm/dd/yyyy