

Greenwood Hills 2007

Camper Health Form 2007-Bring to Registration-Do Not Mail

Note: **This form MUST ACCOMPANY CAMPER when registering. DO NOT MAIL form.** If camper has had recent medical problems, we strongly recommend a physician's examination. Physician's medical report, including recommendations, restrictions, diet or medicine should accompany this Health Form. (To be completed by parent or guardian.)

Step 1 Camper Information

Camper's Name: Last _____ First _____
 Camper's Age: _____ Camper's Birthdate: _____, 19____

Step 2 Parent (or Guardian) Information

Insurance Company Name: _____
Insurance Policy Number: _____

Name _____ Phone: (____) _____
 Address _____ Cell phone: (____) _____
 Address _____ Work phone: (____) _____
 City _____ State _____ Zip _____

Step 3 Emergency Contact Information

In case of emergency, contact ---

Name _____ Phone: (____) _____
 Address _____ Cell phone: (____) _____
 Address _____ Work phone: (____) _____
 City _____ State _____ Zip _____

Step 4 Provide health history. To the best of your ability, give approximate dates where appropriate.

Frequent Colds _____	Kidney Trouble _____	Chickenpox _____	Measles _____
Frequent Sore Throats _____	Bed Wetting _____	Asthma _____	Hepatitis _____
Sinus Trouble _____	Ear Trouble _____	Hay fever _____	Rheumatic _____
Whooping Cough _____	Heart Trouble _____	Eczema _____	Fever _____
Fainting Spells _____	Convulsions _____	Diabetes _____	Scarlet Fever _____
Upset Stomachs _____	Athlete's Foot _____	Mumps _____	A.D.D. _____
Constipation _____	Sleep Walking _____	Tuberculosis _____	Bronchitis _____

Allergic Reactions (Please list all)

Specific activities to be encouraged: _____

Specific activities to be discouraged: _____

Immunizations required to attend camp: Please provide dates for the immunizations listed below

Tetanus booster _____ Polio series: _____ Booster _____
 Smallpox _____ D.P.T. Series _____ Booster _____

Has child been treated with head lice in the last six months? Yes _____ No _____

List medicines child has brought with him/her to camp (please send enough for camp = 2 days)

If camper has been exposed to any communicable diseases (measles, chickenpox, etc) within 3 weeks prior to camp, please notify camp nurse during registration.

In case of medical or surgical emergency, I understand that every effort will be made to contact the camper's parents or guardians. In the event that I can not be reached, I hereby give permission to the physician selected by the Camp Director or Nurse to hospitalize, secure proper treatment for, and to order injection, anesthesia, blood transfusion, or surgery for my child named above:

Signature: _____ Date _____