

2012 CAMP HEALTH FORM

camper name: _____

This form is to be completed by a physician, parent or guardian. Examination by a physician is advised if there has been illness or hospitalization in the past year or if the camper has not had a recent examination. Your frankness about any physical or emotional need will help the director and the counselors work more effectively with your child. **Please notify the camp director if your child is exposed to any communicable disease during the three-week period prior to camp or of any other change in health after this form is submitted. PLEASE ATTACH A COPY OF CAMPER'S HEALTH INSURANCE CARD OR RECORD THE NAME OF THE HEALTH INSURANCE PROVIDER, SUBSCRIBER ID #, GROUP NUMBER, CARD NUMBER, AND CARD DATE ON THIS FORM**

Is camper in good health and able to participate in all normal camp activities? Yes _____ No _____
(Please attach explanation if limitations are not covered in the following questions.)

Any recent illness, surgery, or injury that may affect camper? _____

Any emotional event (family serving in military, move, divorce, death, etc...) that may affect camper? _____

Please list any diet restrictions: _____

Please list any known allergies to food _____

Please list any known allergies to medications (penicillin....) _____

Please indicate any of the following allergies or conditions to which the camper may be subject:

___ Hay Fever ___ Asthma ___ Bedwetting ___ Convulsions ___ Fainting ___ ADD ___ ADHD ___ Bee Sting

___ Poison Ivy ___ Sleepwalking ___ Other (specify) _____

Please list any medications the camper is currently taking, including dosage: _____

The camp director has permission to use any of the following as needed for my child:

___ Sunburn ointment ___ Calamine ___ Topical Antiseptic ___ Insect repellent

Tylenol for: ___ Headache ___ Temperature ___ Pain from minor injury or cramps [Dosage: _____]

Date of last DPT immunization or booster _____

Please provide the name and phone of child's physician for emergency use:

Physician _____ Phone () _____

This form was completed by: (check one) ___ Parent ___ Guardian ___ Physician

REQUIRED EMERGENCY RELEASE

*****Please note: Notarization of this form is required for this registration to be accepted.*****

In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby grant permission to the physician selected by the camp staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my son or daughter while attending camp.

PARENT/GUARDIAN SIGNATURE

Date _____

STATE OF MISSOURI

Subscribed to and sworn to before me this _____ day of _____, 2012.

Notary Public

My commission expires _____