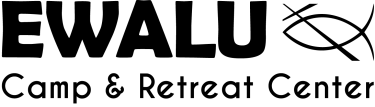
**** 2023 Health History Form**

**Mail to: Camp Ewalu**, 37776 Alpha Avenue, Strawberry Point, IA 52076 **|**  563-933-4700

www.ewalu.org | [camp@ewalu.org](mailto:camp@ewalu.org) Registrar: [office@ewalu.org](mailto:office@ewalu.org) **|** Office Hours: M-F, 8 am–4:30 pm

Last Name First Name \_\_\_

Gender Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City State ZIP

Billing Address:

(If different from child’s address)

**Parent / Guardian**

Parent/Guardian 1 Emergency Phone

Parent/Guardian 2 Emergency Phone

In case of Emergency, contact (other than parents): Name(s)

Phone(s) Relationship

**Name of Program** **Program Date**

**Health History & Insurance:** *Please* ***continue on reverse side*** *or attach* ***pages*** *if needed*

1. Date of Last Health Examination *(must be within 12 months)*

2. Immunizations: DPT Y / N Measles-Rubella Y / N Polio Y / N Hepatitis B Y / N Varicella Y / N

Date of Latest Tetanus Shot \_\_\_\_\_\_\_

3. Skin Diseases Y / N,   If Yes, please explain \_\_\_\_\_\_\_\_

4. Allergies (food, drugs, hay fever, insects, etc.):  Y / N   If Yes, please explain \_\_\_\_\_\_\_

Medical Diet Needs: \_\_\_Nut allergy, \_\_\_Gluten free, \_\_\_Dairy free, \_\_\_Vegetarian, Other \_\_\_\_\_\_\_\_\_\_   
5. Medications & Treatments: List all current or ongoing treatments or medications, including dosage:

6. List any illness, chronic conditions, physical conditions or psychological conditions the camper has that requires restrictions on camp participation (including past medical history): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

7. Physician's Name Office Phone   
8. Insurance Co. Policy #

    Subscriber's Name

To the best of my knowledge, all health information for the person described herein is correct.  I authorize the medical personnel or staff selected by the camp director to secure any medical or emergency treatment deemed necessary for the person named above. Parents will be notified in case of emergency.  In the event of an accident, injury, or illness, the insurance of the camper's parent or guardian is primary.  I certify that the applicant has had a physical examination within the 12 month period prior to arrival at camp.

Signature of Parent/Guardian, or adult camper (if over 18)  Date