

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 Camp 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 (*circle Yes or No*): DPT Y/N Measles-Rubella Y/N Polio Y/N Hepatitis B Y/N
Varicella Y/N Date of 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 require restrictions on camp participation (including past medical history): _____

7. Physician's Name _____ Office Phone _____

8. Health 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/Guardians 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 age 18 or older) Date