Clear Form

Future Stars SUMMER CAMPS

2023 Health Form

Important: This form must be **completed** within one year prior to camp **and signed by parent or guardian** before the child may take part in activities with Future Stars.
Return via - Email: albany@fscamps.com

Camper's Name: _____Age: _____Birthdate: _____Sex: ____
Parent 1: _____Parent 2: _____
Cell Phone: Parent 1_____Parent 2_____
Home Phone: _____ Work Phone(s): _____
Address: _____City: _____State:_____ Zip:_____

If not available in emergency, please notify:
Name:_____Phone: _____
Address:_____City:_____State:_____Zip:_____

Medical Insurance/Medicaid Number: _____

Health History/ Is the health of the camper, in general, good? _____Yes _____No

Immunization/Vaccination History:Please list date(s) for the following **or attach immunization records from doctor's office**:

Diphtheria _____
Measles _____
Hepatitis B _____
Mumps _____
Polio _____
Varicella (Chicken Pox) _____
Haemophilus Influenza Type B _____
Rubella _____
Tetanus _____
COVID-19_____ (if applicable)

Doctor's Name_____ Phone Number_____

Allergies or Sensitivity - Is the camper subject to any of the following conditions?

Rheumatic Fever		Behavior Problem		Penicillin		Mumps	
Sinus Trouble		Drug Allergies		Hay Fever		Asthma	
Ear Infection		Fainting Spells		Chicken Pox		Other:	
Convulsions		Ivy Poisoning		German Measles			
Diabetes		Insect Stings		Measles			

Operations or Serious Injuries (Dates): _____
Chronic or Recurring Illness: _____
Other Diseases: _____

Providing an "EPI-PEN" OR MEDICATION ? Our "Epi-Pen/Medication Standing Order Form" MUST be submitted.
(This form can be found online or we can email to you)
Please provide any other additional information and/or physical limitations that you want the Camp Director to be aware of:
If the camper has any physical or medical conditions, or is on medication, the office and the Camp Director must be notified.

_____
_____
_____

Parental Authorization

This health history form is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature_____**Date**_____
(Must be signed)