

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 - <a href="mail: health@fscamps.com"><u>Email: health@fscamps.com</u></a>

Camper's Name: Parent 1:		Age:	Birthdate:	Sex:
Parent 1:		Parent 2:		
Cell Phone: Parent 1		Parent 2		
Home Phone:	Work Phor	ne(s):		
Cell Phone: Parent 1 Home Phone: Address:		City:	State	e:Zip:
If not available in emer				
			Phone:	
Name:Address:		City:	State	e:Zip:
Medical Insurance/Me	dicaid Number:			
<b>Health History</b> / Is the h	nealth of the camper, in s	general, good?	Yes	No
Immunization/Vaccina				
Diphtheria				
Manglag	Dolio	F	Rubella Tetanus	COVID-19 (if applicable)
Hepatitis B	Varicella ((	Chicken Pox)	ctanus	
		us Influenza Type B		
	_			
Doctor's Name	Phone Number			
Allergies or Sensitivity				
Rheumatic Fever	Behavior Problem	Penicillin	Mumps	
Sinus Trouble Ear Infection	Drug Allergies Fainting Spells	Hay Fever Chicken Pox	Asthma Other:	
Convulsions	Ivy Poisoning		Other.	
Diabetes	Insect Stings	Measles		
	•	•		
Operations or Serious Inju	nes (Dates):			
Chronic or Recurring Illne	35			<del></del>
Other Diseases:				
Providing an "EPI-PEN" O	OR MEDICATION ? Our "	Epi-Pen/Medication St	anding Order Form	" MUST be submitted.
	(This form can be fo	ound online or we can e	email to you)	
Please provide any other add				
If the camper has any physica	al or medical conditions, or is	s on medication, the offi	ce and the Camp Dir	ector must be notified.
Parental Authorization This health history form is corre except as noted by the examinin physician selected by the camp of	ect as far as I know, and the person g physician and me. In the even	t I cannot be reached in an	emergency, I hereby g	ive my permission to the
named above.	anoctor to nospitalize, secure pro	oper ireaument for, and to t	raci injection, anesthes	
Signature	<del></del>			_Date
	(Must be signed)			