



Future Stars
SUMMER CAMPS
2022 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: farmingdale@fscamps.com **Fax:** 631-390-6137 or **Mail to:** P.O. Box 279 Farmingdale, NY 11735

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

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)