

Camper's Name:	Age:	Birthdate:	Sex:		
Parent 1:	Parent 2:	Age:Birthdate:Sex: Parent 2:			
Cell Phone: Parent 1	Parent 2	Parent 2			
Home Phone:	Work Phone(s):	Work Phone(s):			
Address:	City:	State	Zip:		
If not available in emerg	zency, please notify [.]				
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		Phone:			
Name:	City:	Phone:State:	Zip:		
Name: Address:		State:	Zip:		
Name: Address: Medical Insurance/Med	City:	State:	Zip:		
Name: Address: Medical Insurance/Med Health History/ Is the he	City:	State: Yes	Zip: No		
Name: Address: Medical Insurance/Medi Health History/ Is the he Immunization/Vaccinati	City:	State: Yes attach immunization rec	Zip: No ords from doctor's offic		
Name:Address: Medical Insurance/Medi Health History/ Is the he Immunization/Vaccinati Diphtheria	City:	State: Yes nttach immunization rec Rubella	Zip: No ords from doctor's offic		
Name: Address: Medical Insurance/Med Health History/ Is the he Immunization/Vaccinati Diphtheria	City:	State: Yes attach immunization rec	Zip: No ords from doctor's offic		

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 "<u>EPI-PEN"</u> OR <u>MEDICATION</u> ? 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