

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: stjoes@fscamps.com

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: Mumps _____ COVID-19 Rubella COVID-19 (if applicable) Diphtheria Measles Polio 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? Behavior Problem Penicillin Rheumatic Fever Mumps Sinus Trouble Drug Allergies Hav Fever Asthma Fainting Spells Ear Infection 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)