

Future Stars Day Camps 2018 Health Form

Important: This form must be completed within one year prior to camp and signed by parent or guardian before the child may begin camp. **Mail to: 1370A Majors Path PO Box 1576, Southampton NY 11968 Fax: 631-287-8633 or Email: info@futurestarsouthampton.com**

Camper's Name: _____ Age: _____ Birthdate: _____ Sex: _____
 Parent 1: _____ Parent 2: _____
 Home Phone: _____ Work Phone(s): _____
 Cell 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 History/Please list date(s) for the following or attach immunization records:

| | | |
|-------------------|------------------------------------|---------------|
| Diphtheria _____ | Mumps _____ | Rubella _____ |
| 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: _____

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 problems, or is on medication the office and the Camp Director must be notified.

Parents 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)