

## Future Stars Summer Camps 2026 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. Health Forms have to be completed each summer.

**Return via - Email: [health@fscamps.com](mailto:health@fscamps.com)**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
 Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_  
 Phone (other): \_\_\_\_\_  
 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 attach campers most recent immunization records from their doctor. Must be submitted prior to their attendance at camp.

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)**