

Part Two --- Health Information

Frequent Ear Infections Asthma Diabetes Heart Defect
 Convulsions Epilepsy Hyperactivity ADD
 ADHD Bedwetting Sleepwalking

Allergies:

Penicillin Aspirin Serious Poison Ivy Bee Stings
 Hay Fever Food Allergies Other (specify):

Immunizations: All immunizations must be up to date. Indicated dates of basic immunization or most recent booster.

_____ DPT _____ Polio _____ Measles

_____ Current Tetanus (If date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster." _____)

Operations, Serious or Chronic Illnesses:

Dietary Modifications While At Camp:

Prescription/Over-the-Counter Medications Camper Brings To Camp:

(include instructions)

Part Three --- Health Examination Record

This health history record 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 me. I also attest that the person herein described has had a medical examination within the past 24 months.

Date of Last Physical _____

Physical Restrictions: While At Camp:

Description of any current physical or psychological condition requiring medication, treatment or special restrictions or considerations while at camp:

Parent's Signature _____ Date _____

Name & Phone # of Family Physician _____