

Camp Health Record

Camper's Name _____ Date _____ Sex: Male or Female

Home Address _____ Zip Code _____

Parent and/or Guardian (for camper's under the age of 18) _____

Work Phone _____ Cell Phone _____ Home Phone _____

Other Emergency Contact _____

Work Phone _____ Cell Phone _____ Home Phone _____

Health History

Asthma

Diabetes

Convulsions

Hay Fever

Epilepsy

Heart Condition

Food Allergies

Allergic to Horses

Bed Wetting

Other Allergies, Illnesses or Diseases _____

Chronic or Recurring Illness _____

Operations or Serious Injuries (Dates) _____

Recommendations and Restrictions while at Camp

Special Diet _____

Medication _____

Swimming or Boating _____

Ropes & Challenge Course or Climbing Wall _____

Strenuous Activities _____

Other _____

Important: Please notify your group leader if participant has been exposed to any communicable diseases during the three weeks prior to your arrival to camp.

Medical Authorization: This health history is correct so far as I know, and the person here in described has permission to engage in all prescribed camp activities, except noted by me or the examining physician. In the event of an Emergency, I hereby give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me.

Signature _____ Date _____

Parent and/or Guardian if Participant is under 18 years

Health Insurance Company _____ Policy Number _____

Name on the Policy _____