



**THIS INFORMATION REQUIRED BY OUR LOCAL HOSPITAL IN THE EVENT OF AN EMERGENCY**

Insurance Company \_\_\_\_\_ Insurance Company Phone number (\_\_\_\_) \_\_\_\_\_

Subscriber \_\_\_\_\_ Policy Number \_\_\_\_\_

This health history is complete as far as I know, **(if changes occur in health related conditions, I will contact the camp in writing)**. I have reviewed the program and activities of the camp and the person described herein has permission to engage in all prescribed camp activities except as noted. I understand that information on this form will be shared on a "need to know basis with camp staff. **AUTHORIZATION FOR TREATMENT:** I hereby give permission to the medical personnel selected by the camp to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp to secure and administer treatment, including hospitalization, injection, anesthesia, or surgery for this child as named above.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the parent/guardian**

Has/does the participant:	Yes:	No:		Yes:	No:
1. Have diabetes?			10. Wear glasses or contacts?		
2. Have asthma/wheezing/shortness of breath?			11. Recently had an injury, illness, or infectious disease?		
3. Have chronic or recurring illness/condition?			12. Have skin problems (rash, acne...)?		
4. Had frequent headaches or a head injury?			13. Had problems with constipation/diarrhea?		
5. Had surgery or been hospitalized?			14. Had seizures?		
6. Had chest pain during or after exercise?			15. Had back problems or joint problems?		
7. Passed out or become dizzy during exercise?			16. Ever been treated for emotional or behavioral difficulties or an eating disorder?		
8. Had mononucleosis in the past 12 months?			17. During the past 12 months, seen a professional to address mental/emotional health concerns?		
9. Had frequent ear infections?			18. Had a significant life event that continues to affect the camper's life? (Abuse, death of loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)		

Please explain any "yes" answers. \_\_\_\_\_

Please provide any additional information which will help the medical staff better serve the camper: \_\_\_\_\_

Vaccine:	All dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTaP / TdaP						
Tetanus:						
Polio:						
MMR:						
Haemophilus influenza B:						
Hepatitis B (completed):						
Hepatitis A						
Varicella (chicken pox):						
Haemophilus influenza type B						
Pneumococcal PCV						
Meningococcal Meningitis (MCV4)						