

Name of Camper _____ Parent or Guardian _____
Phone _____ e-mail address _____
Physician's Name _____ Phone _____
Dentist's Name _____ Phone _____
Health Insurance Company Name _____
Policy Number _____

Check those illnesses that this camper has had and/or health conditions of which the camp should be aware.

- Asthma Convulsions with Fever Diabetes Ear Infections
 Epilepsy or Seizures Hay Fever Heart Condition Hepatitis
 Rheumatic Fever Surgery _____
 Other _____

Does the camper have a vision problem? No Yes

If yes, please explain _____

Does the camper wear glasses? No Yes

Does camper wear contact lenses? No Yes

Does the camper have a hearing loss? No Yes

Please explain _____

Is the camper allergic to drugs? No Yes

If yes, what drugs? _____

Typical reaction _____

Treatment _____

Is the camper allergic to foods? No Yes

If yes, what foods? _____

Typical reaction _____

Treatment _____

Is the camper allergic to insect bites? No Yes

If yes, what insects? _____

Typical Reaction _____

Treatment _____

List and explain any medications the camper takes on a regular basis. (These medications **MUST** be given to and administered by camp nurse.) _____

List any additional health problems or instructions not previously covered.

Please give your camper's immunization record:

Date of Last Booster _____ Date of Last Booster _____ Date of Last Physical _____

DPT and or TD _____ Polio – Oral _____

Rubella _____ Measles – Red _____

Mumps _____