

Health History Form

Last Name _____ First Name _____

Gender _____ Date of Birth _____

Parent or Guardian _____
Name Phone number

Emergency Contact _____
Name Phone number

Insurance Information Is the camper covered by health insurance? Y/N

Company _____

Policy & Group Number _____

Health History Please list any special conditions, such as bedwetting, fainting, sleepwalking, etc., that the camper has - including infectious diseases. _____

Camper's Physician _____
Name Phone number

Should the camper's activities be restricted for any physical reason?

Are there health or behavioral considerations that may affect the campers' activities? Explain _____

Please list any allergies the campers may have to food, drugs, or other:

Does the camper have any special dietary needs or restrictions?

List any medications that may be needed by the camper.

Medication	Dosage	Frequency
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Immunization Record Please give the date of the most recent boosters if known:

Polio _____ Mumps _____ Diphtheria _____ Tetanus _____ HIB _____
Measles _____ Rubella _____ Chicken Pox _____ Whooping Cough _____
Hepatitis B _____ Other _____

*for female campers:

*has the camper been told about menstruation? _____

*has she menstruated? _____

I certify that the above health information is true to the best of my knowledge, and that my child is up-to-date on all vaccinations. I give permission for my child to receive routine (non-surgical) and emergency medical and surgical care during his/her stay at Camp Brethren Heights. I also give permission to transport my child to a medical facility for treatment.

Parent or Guardian Signature

Date

Camper Release Permission

My child is allowed to travel with these drivers:
(list all drivers that may be picking up your camper)
