

2007 CAMPER HEALTH HISTORY (Rule 127)

***PLEASE COMPLETE ENTIRE FORM**

***A CAMPER REGISTRATION FORM MUST ACCOMPANY THIS RECORD**

CAMP NAME (Circle the appropriate one)(grades entering in Fall 2006)

Early Junior (3-4)

Late Junior (5-6)

Jr High(7-9)

Sr High(10-grad)

July 27-30

July 22-26

June 17-23

June 24-30

CAMPER INFORMATION

Name of camper (last) _____ (first) _____ (mi.) _____

Date of birth _____

PARENT'S / AUTHORIZED PERSON CONTACT INFORMATION

Name _____ Legal relationship to camper _____

Address (number & street) _____

City _____ State _____ Zip _____

Primary phone _____ Secondary phone _____

HEALTH INSURANCE INFORMATION:

Name of Insurer _____ Insurance # _____

Camper's Physician's Name and phone number _____

CURRENT HEALTH ISSUES AND HISTORY

List any special conditions: (bedwetting, fainting, food allergy, medicine allergy)

List any health, behavioral, or emotional problems camper has including infectious disease:

Should camper's activities be restricted for any reason:

All medication must come to camp in the original container with the Rx label on bottle

List all that camper takes

Name of Medication

Frequency

Dosage

Immunization Record (You may attach a copy of the most recent record to this document)

Date(s)

Type of Immunization

HEALTH CARE AUTHORIZATION STATEMENT

I HERBY GIVE PERMISSION TO THE CAMP NAMED ON THE TOP OF THIS FORM, WHICH IS LICENSED BY THE DEPARTMENT OF SOCIAL SERVICES, TO SECURE EMERGENCY MEDICAL AND SURGICAL TREATMENT AND TO PROVIDE ROUTINE NONSURGICAL MEDICAL CARE, FOR THE MINOR CAMPER NAMED ABOVE WHILE ATTENDING CAMP.

Parent's Signature _____