

Name: _____ Date of Birth: _____ Age: _____

Name of parent or guardian: _____ Telephone: _____

Home Address: _____ City _____

State _____ Zip Code _____

Check all items that apply, past or present, to your health history. Explain for any "yes" answers

Allergies: Food, Medicines, Insects, Plants - Yes No Explain: _____

General Information: Yes No Yes No Yes No

Convulsions/seizures Asthma Heart Trouble

High Blood Pressure Diabetes Hemophilia

Cancer/leukemia Kidney disease

ADHD (Attention Deficit Hyperactivity Disorder)

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations (give date of last inoculation):

Tetanus Toxoid _____ Pertussis _____ Mumps _____ Polio _____

Diphtheria _____ Measles Rubella _____

Personal Health/accident insurance carrier _____

Policy Number _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature _____ Date: _____